Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	E FIVEDI	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	11.11.12	July 5,1927	Peritonitis	3 days ago
	BUREAU V. B.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-WRITE PL

une 2, 1937 &

20. FILED.

V. S. No. 1

Every item of infor-

STATE O	F MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		0001
County Allegany	WITHIN CORPOR	Registration_Dist. No. 4
Village or City Cumberland		Memoral Hospital
Vinage of City Oddingor Laria	(1	NO. St., b-L Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	eath occurredyrs,mos	sds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Joseph L.	Adams	If U. S. Veteran, specify WAR
(a) Residence: No. Bedford		St., Ward.
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
, , , , , , , , , , , , , , , , , , ,	OR DIVORCED (write the word)	May 30 1937
Male White I	Single	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	Single	22. HEREBY CERTIFY, That I attended deceased from
		100 1937, to way 30, 193/
5. DATE OF BIRTH (month, day, and year) Ja.		I last saw h alive on alive on , death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
29 3	ormin.	PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER OF SAWYER, BOOKKEEPER, etc.	chant	Cittle Juneaucies
SAWYER, BOOKKEEPER, etc. 19. 1 Industry or business in which	Olistilo	the burner of the state of the
work was done, as SILK MILL, SAW MILL, BANK, etc		Virgania de la companya de la compan
10. Date deceased last worked at this occupation (month and	11. Total tima (years) spent in this	Combide Deall War
year)	occupation	Other Contributor Christaff Importance Alour T
12. BIRTHPLACE (city or town) Marylan	d	Order Coursel of Importance
(State or country) Allegan	y County	Many W I W MO TO HAT
13. NAME Lester Adams		Trapplation
14. BIRTHPLACE (city or town)	*******************************	Name of operation To Tout Part of
(State or country) Maryla	nd :	What test confirmed diagnosis? Was the a an autopsy?
15. MAIDEN NAME Emma Glas	S	23. If death was due to external causes (VIOLENCE) fill in also that following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury, 19
E (State or country) Maryla	nd	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Lester . M . Ada	ms	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) SWANTON. MD		
18. BURIAL, CREMATION, OR REMOVAL Place Swanton. Md	June . 1937	Manner of Injury
		- Nature of injury
19. UNDERTAKER	.Wolford	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cumber	land. Ad	If so specify / / / / / / /

tranklin Registrar. If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	118
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3.—WRITE PLANKY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of info	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP.	
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y ii	S	it o	1
Ever	IAL	mer	
D. 1	Sic	tate	
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EN	TI	ied.	
IAN	AC	ssif	
RM	X	cla	•
PF	d F	erly	cate
SA	tate	rop	rtif
SI	203	e p	e ce
LHI	q p	y	k o
	nou	ma	bac
K	S	t it	on
5	AGI	tha	ons
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LY,	car	TH	ort
	pe	EA	im
PLA	plno	FD	TION is very important. See instructions on back of certificate.
E	sh	E 0	is v
RIT	tion	US	Z
M-	mai	CA	TIC

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 5002
1. PLACE OF DEATH	
County allegany WITHIN	CORPORATE LIMITS Registration Dist. No.
Village or City Cheulkeland	No. No. A Classification of the street and number)
	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Stobers Barcley	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH (Month) (Bay) (Year)
5a. If married, widowed, or divorced	(Month) (Jear) (Year
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day, and year)	I last saw have alive on 5 / 4 - , 1837; death is.
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at.
3 8 1 day,hr:	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER,	A
SAWYER, BOOKKEEPER, etc	- Dure Polostilo
work wes done, as SILK MILL, SAW MILL, BANK, etc	lo brains transfer to
11. Total time (years) this occupetion (month end year) year) occupetion	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Centerio selerosio.
13. NAME technique	
4. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosist. The Wes there an autopsy?
出 15. MAIDEN NAME	23. If death was due to external causes (*IOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19
(Page - 1). (1)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) Company and 200	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Colog, Co., Date May 18, 1927	Nature of injury
19. UNDERTAKER STOLLES SUCE	24. Wes disease or injury in, any way related to occupation of deceased?
(Address) Church and and	If so, specify
20. FILED May 18, 1931. Ar. J. V. Franklis Registrat.	(Signed) (Address) (Address)
	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	c al	Example II	
The principal cause of death and related cau of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			and the same

We are unable to get more information on this case.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1860
County Museum WITHIN	CORPORATE LIMITS. Registration Dist. No.
Village or City Innhaland	· No. allegany to that & 4-1 Ward
(If Length of residence In eity or town where death occurred 20_yrsmos.	death occurred in a hornial or institution, give its NAME instead of street and number) ds. How long in U.S. 4 of foreign birth?yrsmosds.
2. FULL NAME homy Estelle Barre	If U. S. Veteran, specify WAR
(a) Residence: No. 35 Mules	St., 5 - 2ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX-) 4. COLOR OR RACE* 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Day) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Inly 9 1887	liast say h. 27 alive on May 5 7, 19.3.7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, the man
49 9 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Wyogardete lukum
9. industry or business in which	Til The 7 June 7 June
work was done, as SILK MILL, SAW MILL, BANK, etc.	491 0001
10. Date deceased last worked at this occupation (month end 1937 spent in this occupation	
12. BIRTHPLACE (city or town) Budford D	Other Contributory Causes of importance:
(State or country)	Rightly
13. NAME Am. Sn. Wolland 14. BIRTHPLACE (city or town) Budford p	
(State of country)	What test confirmed diagnosis? The way of the an autopsy?
15. MAIDEN NAME Jane E. Normahne.	23. If death was due to externel cause (VOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town) Deafra Con	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT VANY & Carrell. (Address) Camberland	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury. Tripled on glacers in woul
Piace & Whalks Com Date may 11, 1931	Neture of injury Celliler
19. UNOERTAKER Ans Stein Inc. (Address)	24. Was disease or injury in any way related to occupation of deceased?
h . 22) 0 0 F 00	if so, specify (Signed) M. D.
20. FILED N	(Addess) Cultirous, Way
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting O. J. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	is	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 7 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	2)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

-WRITH PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECOND. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PERMANEN	stated EXACTL	properly classified.	certificate.
UNFADING INK-THIS	upplied. AGE should be	terms, so that it may be	instructions on back of
-WRITE PLANTY, WITH	mation should be carefully su	CAUSE OF DEATH in plain	TION is very important. See instructions on back of certificate.

TION is

B.—WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH.	(alam)
County Allegany	Registration Blst. No.
Village or City Cum beldend	No. 9 narth see St. 1-2 Ward
(If	death occurred in a hospital or institution, give its NAME, instead of street and number)
Length of residence In city or town where deeth occurred	ds. How long in U.S. If of foreign birth?yrsmos,ds.
2. FULL NAME / Village Jaming	Manu If U. S. Veteran, specify WAR
(a) Residence: No. 9 Nafih Bell	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	may. 21 ,193 7.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cotelle enking Birming	22. HEREBY CERTIFY, That attended deceased from 19
6. DATE OF BIRTH (month, day, end year) Och 2. 1.	I lest saw h; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 4 m.
3 56. 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8 Trade profession or perticular	Frushed skull, Crushed
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Bright arm wil Right legy
9. Industry or business in which work wes done, as SILK MILL,	Internial inguises,
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Junes Bermingham	
13. NAME Junes Germingham 14. BIRTHPLACE (city or town) 15. State or country)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Wes there an autopsy? No
15. MAIDEN NAME GAMESIMC Mhon	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME GAMES Mc Mhon 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19,
State or country) Md.	Where did Injury occur? Gout 40 wesh & Cumberland,
17. INFORMANT Lester Denun,	(Specify city or town, Apunty and State) Specify whether Injury occurred In INDUSTRY, In HOME, own PUBLIC PLACE.
(Address) Cumberland mid,	Public Highway
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury auto accelerate
Place Sty Jah Date May 24, 1931	Neture of Injury
19. UNDERTAKER Jamis Stein Inc.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Curleyland med.	If so, specify
20. FILED May 24, 19 97 Jos. P. Franklin M. A. Registrar.	(Signed) Clisto M. D. (Address) Clisto M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	10:	Other contributory causes of importance:		
Gallstones	May 1,1923	OG astron teritis	1 year	
	13	MARIA		
ADDITIONAL SPACE F		ER STATEMENTS BY PHYSICIAN		
		18		

item of infor-

	STATE	OF	MARYLA	ND-	CERTII	FICATE	OF	DEATH
L PLACE OF D	EATH					- INITS	1 1010	

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U	v	U	U

1. PLACE OF DEATH		- TIMITS. (210-m)	
County Allegany		REPORATE Registration	Dist. No.
1. PLACE OF DEATH County Allegany Village or City Cumberland, Length of residence in city or town whara death oc	Md. WITHIN CO	No. Nominal Hospi death occurred in a hospital or institution, give its NAMI	tal st., 6-6 Ward
Length of residence in city or town whara death oc	curredyrs,mos.	ds. How long in U.S. if of foreign birth?	yrsmosds.
2. FULL NAME Mr. Fred B	osenberg	If U. S. Veteran, specify WAR	
(a) Residence: No. 461 Balti	more Ave. Ci	tyst., Ward.	give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Male White OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word) arried	21. DATE OF DEATH	/8 , 193 / (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie May S:	mith	1 HEREBY CERTIF	Y. That I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer)	pt. 19. 1890.	I last saw A alive on May	0 1 45
7. AGE Yeers Months	Deys If LESS then	to have occurred on the date stated above at	
46 8	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and lefated ceus	
8. Trede, profession, or particular		Lasture Ceavice	Data of onset
kind of work done, as SPINNER, Whole SAWYER, BOOKKEEPER, etc.	sale Grocer	ventelina with in	runy 5/17/37
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Whole of the work was done, as SILK MILL, SAW MILL, BANK, etc.		to egina cond)	
10. Dete deceasad lest worked at this occupation (month and year)	11. Totel time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Germany		Other Contributory Causes of importence:	· · · · · · · · · · · · · · · · · · ·
13. NAME Frederick Bose	nberg	4 .	***************************************
13. NAME Frederick Bose 14. BIRTHPLACE (city or town) (State or country) Germa:		00	Date of
15. MAIDEN NAME Catherine	Schultz.	23. If death wes due to externel ceuses (VIOL ENCE) fil	
15. MAIDEN NAME Catherine 16. BIRTHPLACE (city or town) (Stete or country) Germany		Accident, suicide, or homicide?	
17. INFORMANT Memorial Hospi (Address) Cumberland Md	tal		town, county and State) ME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Plesent Grove Date	May20.1937	Manner of Jujury authorshile	acerdia.
19. UNDERTAKER John.C.Wolfo		24. Was disease or injury in any way related to occupe	
20. FILED May 19, 1937- Ar. J.	P.Franklı Registrar	(Signed) (Signed)	1300 M. D.
If more blanks a		(Address) - Hee	1.

N. B.—WRITE PL.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I	Įį.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chranic interstitial nephritis	1921	Run aver by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga
REVE	1 2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Callstones All V.	May 1,1923	Gastraenteritis	1 year
	The Contraction of State of St		

infor

of

item

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WRITE

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DE plnods Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long In U.S. if of foreign birth?_30__yrs.____mos._ statement .mos.____ds. rackey If U. S. Veteran, specify WAR_ (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Day) (Yeer) classified. 5e. If merried, widowed, or divorced HUSBAND of 22. RTIFY. That I attended daceased from V × 田 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Veare Months If LESS than stated 1 day, ____hrs or____min. Date of onse 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER. be be Jo SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... may back should on 10. Data deceased lest worked at 11. Total time (years) this occupetion (month and year) spent in this that occupation __ instructions 08 12. BIRTHPLACE (city or town) (State or country) terms. FATHER See 14. BIRTHPLACE (city or town) Nama of oparation. plain (Stata or country) carefully ----- Was there an autopsy?_ What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in elso the following: Ξ Accident, suicide, or homicide?_____ Date of injury____ 16. BIRTHPLACE (city or town) DEATH (Stete or country) Where did injury occur?____ pe (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnods 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation NOIL Nature of injury__ 24. Was disease or injury in any way releted to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify 20. FILED Man 10 193 Registrar. (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3UN 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jul 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A PERMANENT RECERD. Every item of infor-	ted EXACTLY. PHYSICIANS should state	perly classified. Exact statement of OCCUPA-	ificate.
N.BWRITE PLANARY, WITH UNFADING INK-THIS IS A PERMANENT RECEAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
Z		1)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5007
1. PLACE OF DEATH	
County Allegary . WITHIN CORPOR	RATE LIMITS. Registration Dist. No. 4
Village or City Chamberland	No. All Anny Holland H. Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town where death occurredyrsmos	sds. How long in U.S. ft of foreign birth?yrsmosds.
2. FULL NAME James Cleveland Don	dato If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward. Beans bore la.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Mognitive (Oay) (Year)
5a. If married, widowad or divorced HUSBANO of (or) WIFE of	2. I HEREBY CERTIFY, That I attended deceased from
0 111 00-	195 , to May 11, 19.5
6. DATE OF BIRTH (month, day, end yaar) 7. AGE Yaers Months Days If LESS than	1 last saw h dead alive 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 day,hrs.	
02 15 ormin.	ware es follows: Quete He Latt 1 Date of one)
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Date deceased lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Blanco Core (Stata or country)	Other Contributory Causes of importance: Out to Duodunta 4 de
14. BIRTHPLACE (city or town) BISSES	Name of operation. Et Corollary Hairbage of 4-4-
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Transport Clerch	23. If daath was due to external causes OIOL ENCE) fill In also the following:
15. MAIDEN NAME AND WILL STATE OF THE STATE	Accident, suicide, or homicide?, 19, Where did injury occur?, 19
17. INFORMANT Grand Bridges	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Company Cont. Day Oate Property 1937	Manner of Injury
19. UNDERTAKER domis stem Inc.	Netura of injury 24. Was disease or injury In any way related to occupation of deceased?
(Addrass) Constituted .	If so, specify
20. FILED May 13, 1937. Dr. J. P. Frank Registrar.	(Adgrass) Cumberland M. O
If more blanks are needed, address State Registras	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Gallstones	May 1,1923	Other contributory causes of importance: Gastrocnteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF MARYL	AND-CEF	RTIFICATE	OF	DEATI
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5008

1. PLACE OF DEATH	<u> </u>
County allegans	Registration Dist. No. 4
Village or City Cumberland	ND. All Bland Mary Maspettal Ward f death occurred in a horpital pr institution, we its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	sds. How long to U.S. it of foreign birth?yrsmosds.
2. FULL NAME Infanty Brig	Lucy If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale Melito OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTLEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 27,1937	I last saw her alive on Stillbank 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	THE RESIDENCE OF BEATH and related causes of importance
9 Trade profession or particular	Date of onset
A lind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	July July July July July July July July
ID. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Cumberland (State or country) md	Other Contributery Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) State or country)	Nama of operation Druge Date of
4. BIRTHPLACE (city or town)	What test confirmed diagnosis? Chini cal Was there an autopsy? he
15. MAIDEN NAME Marie Brighner 16. BIRTHPLACE (city or town) Cumbaland (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Marie Briefiner (Address) George Les la Marie	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place aunity home Date June 3, 1937	Manner of injury
19. UNDERTAKER Jolies Stemme.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED wal 4 19 87 Da Trank	If so, specify (Signed) (Signed) M. D M. D
Registrar.	(Address) 40 h. Offith OV.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Exa	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	viet 7 1937	1918	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JUN	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	Fuly 5, 1927	Peritonitis	3 days ago
l.				
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	Registration Dist. No.
Nellemores	al Sorbitle Da
death occurred in a hospital or institution,	give its NAME instead of street and number)
How long in U.S. If of for	reign birth?ds.
	W MIAB
If U. S. Veteran, spe	city war
stermonter	and.
	If nonresident give city or town and State
	TIFICATE OF DEATH
21. DATE OF DEATH	W 72 7
(1	Month) (Dey) (Year)
22. HEREBY	ERTIFY. That I ettended deceased from
00/40/30/19	3(, to May 40, 1931
I lest saw h alive on	19; death is seld
to have occurred on the date stated at	hove at 9.30 m
The PRINCIPAL CAUSE OF DEATH a	
were as follows	Date of agent
21000	16 1 10 10 10 10 10 10 10 10 10 10 10 10 1
Other Contributory Causes of Importa-	nce:
Other Contributory Causes of Importa	nce:
Other Contributory Causes of Importa	nce:
Other Contributory Causes of importan	nce: Andre 1437
1 Jany Non	Afrila6 1937
Name of operation.	nce: Arla6 Date of
1 Jany Non	Afrila6 1937
Name of operation. Whet test confirmed diagnosis?	Date of
Name of operation. Whet test confirmed diagnosis?	Date of Was there en autopsy? (No
Name of operation	Date of
Name of operation. Whet test confirmed diagnosis? 23. If death was due to external causes Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in IN Menner of injury Nature of injury 24. Wes disease or injury in any way	Date of

mation should

19. UNDERTAKER (Address)

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Registrar.

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Arterioselerosis 1937	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Othon contributory course of inventory			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ORD. Every item of infor-	HYSICIANS should state	it statement of OCCUPA-	
FOR BINDING	IS A PERMANENT REC	stated EXACTLY. P	properly classified. Exac	certificate.
TARGIN RESERVED FOR BINDING	IN BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
4	N. BWRIT	mation	CAUSE	TION i

	*	STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 50	110
1.	PLACE OF D				LINITS CHO	
	County	ALLEGAN	Y		CORPORATE LIMITS. Registration Dist. No.	
	Village or City	CUMBERLA	ND, MD.	WITHIN	CORPORATE LIMIT Registration Dist. No. No. MEMORIAL HOSPITAL Authorized in Application in No.	6 Ward
	Length of residence			/11	death occurred in a horpital or institution, give its NAME instead of street and n	umber)
2.	FULL NAME	MRS. M	ARY R.	BURGESS	If U. S. Veteran, specify WAR	
	(a) Residence: N	o. ELK GA	RDEN, W	·VA •	St., Ward. If nonresident give city or town and	State
	PERSONAL	AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX		OLOR OR RACE	5. SINGLE, MAR OR DIVORCES	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH MAY 16, 1937	, 193
5a. If	married, widowed, or		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(Year)
	Or) WIFE of	JOSEPH B	URGESS		22. I HEREBY CERTIFY, That I attended of	deceased from
6. DA	TE OF BIRTH (month	, day, and year) Au	g. 13.	1868	I last saw halive on MAY 16 ,19 37	; death is said
7. AGE		Months	Days	If LESS than	to have occurred on the date stated above, et7:4Q_mA . M .	
	68	9	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	Oate of onset
	9. Industry or busine	KKEEPER, etc	housewi	fe	Light Brehal Hamorkog	1/21/37
0 10	D. Date deceased last this occupation year)	worked at (month and	11. Total ti sper	me (years) it in this ipation		
12. B1	RTHPLACE (city or to (State or country)	own)—Hartmo	ST VIRG	INIA	Other Coutributory Causes of importance: Logical Courses of importance: Logical Courses of importance:	5/7/37
<u>سے</u> 13	3. NAME	ISAAC SHI	LLINGBU	RG		
FATHER	I. BIRTHPLACE (city (State or count	or town)	shire C	o. Va.	Name of operation Data of	
۵ ۱۰		Sarah?Bbs	ley		What test confirmed diagnosis? Was there an a	
		or town) Hamps	hire Co	. Va.	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
17. IN	UNMINIT	EMORIAL H			(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	;) (CE.
18. BU	RIAL, CREMATION, C	or REMOVAL WORK ONSVILLE,	Va. Date Mayl	8 ,19 37	Manner of Injury	
19. UN	DEKTANEK	L. Rogers			24. Was disease or Injury in any way related to occupation of deceased?	~
20. FII	1	7,1,37,20	. P. =	Franke Registrar.	(Signed) (Address)	M. D.
I Kalaya	- U	If more l	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1111 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	Ď.	F .	
Other contributory causes of importance:		Other contributory causes of importance:	17.72
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	CIA	A		4			L	À	1	1	1	A	Ł	1	j	J	J	1	1	1	1	Ŀ	1	1	J	1	Ŀ	1	1				ĺ	J	J	J						1	,	,	1.	4	*	7		((Ĺ	J	5	1	1	Ľ	7	Ĺ]	>	E	ı		ľ		3]		5	1	I	,	Į	1	ľ	I	2	0	1	I	Ŋ	N		0	1	ľ]	L	1	Ė	1	ſ		5	5		t	R	11	J	1	I	Ĥ	']	Γ	1	?	R		J	L	1	3	F]		2	K	I)	((1	3	ŀ	1				4	3	0	H	I	J	7.	7	3		((L
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	STATE OF MADVI AND	CERTIFICATE OF DEATH 5011
state UPA	1. PLACE OF DEATH	(242) MITS
EL 71 0	+ 110aaaa	CORPORATE LIMITS Registration Dist. No. 4
DCC pluol	County Party Man And Company County	7 11/1/1/1/2012 3 9 0
ite sh of	Village or City William VIII (IF	death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in sity or lown where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosd
Every CIANS ement	2. FULL NAME James Elwood	happen U. S. Veteran, specify WAR
YSI YSI stat	(a) Residence: No. 214, Columbia	- 1/st., 3- Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO PF Exact	3. SEX 4. COLOR OB-RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
X.	male white married married	(Month) (Day) (Year)
T I red.	5a. If married, widowed, prodivorced	1
A C Ssif	HUSBAND of Coillian Chappee	1 HEREBY CERTIFY, Thet I attended deceased and
Cla Cla	april 21 1875	A last saw harmalive on 5 death is sa
PE I B rly cate	6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, at
IS A PI stated I properly	62 0 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
st st pr	- 1 8, Trade, profession, or particular	Date of one
HIII be be of	kind of work done, es SPINNER. Manager	Gertin Fin Xen VIII host
VK—T should it may n back	SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
Sho it r	O 10. Date deceased last worked at 11. Total time (years)	manually fine
VG I. AGE that ons	this occupation (month and spent in this occupation occupation	Howald Hoposty
A A So the ction	12. BIRTHPLACE (city or town)	Other Contributory Caudes of importance:
AD ed. S, S	(State or country)	
NFAL oplied. erms, s instruction	13. NAME Honer Chappell	
H U sul	14. BIRTHPLACE (city or town)	Name of operation Date of
ITTE Illy plai	(State of Country)	Whet test confirmed diagnosis?Was there an autopsy?
W refu in ant	15. MAIDEN NAME atherine Toloyd 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) filt in also the following:
cal TH	O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
AFELY, ld be ca DEATH y import	may 0 4 10 f- ph 00	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Should OF D	17. INFORMANT / W Colors (Address) 2/4 Colors	openly whether injury occurred in the bootkit, in stome, of in robello reace.
shoul E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place / Wy Mulles / May 7, 193/	Nature of injury
-WRIT	19. UNDERTAKER G. S. Butter	24. Was disease or injury In any way releted to occupation of deceased?
8	(Address) (unbuland my	If so, specify
7(1)	20. FILED May 8, 1937. Dr. J. P. Franklin	(Signed) M.
	Registrar.	(Address) A A A A A A A A A A A A A A A A A A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1915 1921	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
	Attack of epilepsy	1 wcek ago
1921		
	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
1 ay 1,1923	Gastroenteritis	1 year
		Other contributory causes of importance:

Date of onset

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Jo	plu	000	
(M)	item	sho) jo	
	WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	efully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
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1. PLACE OF DEATH CORPORATE County Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ____ds. How long in U.S. if of foreign birth? _____vrs. Length of residence in city or town where death occurred If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DEVORCED (write the word) (Day) 5a, If married, widowed, or divorced HUSBAND of CERTIFY, That I ettended deceased (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs if LESS than 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trade, profession, or particular PATION kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.... 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this year) _____ occupation ___ Other Contributary Canses of Importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? 15. MAIDEN NAME 23. If deeth was due to externel causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?_____ Date of injury_____ import 16. BtRTHPLACE (city or town) DEATH (State or country) Where did injury occur?. should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT. very OF (Address) 18. BURIAL CREMATION OR REMOVAL Manner of injury WRITE AUSE mation Nature of injury TION 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)

Registrar.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING	
FOR	-
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	STATE (OF MARYLAND-	CERTIFICATE OF DEATH 50	13
1. PLACE		Thursday boosso	DATE 1 181/70/09)	
County C	illegany	WITHIN CORPO	RATE LIWITS Registration Dist. No. 4	
Village or	City Les	land	No. Aller and Hand St., Lift death occurred in a horpital or institution, give its NAME instead of street and number)	Ward
Length of re	esidence In city or town where	death occurredyrsmo	s. OVE ds. How long in U.S. if of foreign blrth?mosmos	ds.
2. FULL N	AME Kev Iri	lliam borcos	If U. S. Veteran, specify WAR	
(a) Resid	ence: No. Fairgo	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Manth) (Day) (Yes	ar)
5a. If married, wid HUSBAND of (or) WIFE of	owed, or divorced		22. I HEREBY CERTIFY. That I attended deceased May 18 ,197 , to May 7/ ,19	from 37
6. DATE OF BIRT	H (month, day, and year)	unknown	I last saw h alive on May 7 1 x 1,190 7; death	is said
	ears Months	Oays If LESS than	to have occurred on the date stated above, at 11. 2.6 pm.	
	19	1 day,hrs	were as follows:	onset
8. Trade, prokind o	ofession, or particular f work done, as SPINNER, ER, BODKKEEPER, etc	Elevas	by of lasy Themia. 5.	
9. Industry of work	r business in which was done, as SILK MILL, MILL, BANK, etc	70	7	
10. Date dece	ased last worked at cupation (month and	11. Total time (years) spent in this occupation		
12. BIRTHPLACE	(city or town)		Other Contributory Causes of importance; Cardin, Lunal-Vascular Dila	wp
13. NAME		unknown		
4 14. BIRTHPLA	CE (city or town)	• /	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?.	
15. MAIOEN		"	23. If death was due to external causes (VIDLENCE) fill In also the following:	
6 16, BIRTHPLA	CE (city or town)	(,	Accident, suicide, or homicide?, 19.	
17. INFORMANT _(Address)	afle garage	Hospital	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.	
	ATION, DR REMDVAL	Date Juay 26, 193	Manner of injury	
19. UNDERTAKER	anis Ste	land Md	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO. Ma	y 24, 19 07 R.	Jos. P. tranklin Registrar.	(Signed) (Dawing Md.	_ M. D.
	/ If mor	re blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	BECFINEDI	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	ohritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1037	July 5,1927	Peritonitis	3 days ago	
	Killias pil V S.		,		
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
He was taken of training and tronglet to hast to his a server must
condition, there was no one with him therefore we were
unable to get the above information: P.C. Bofrew. M.D. 6/30/37.

2. FULL NAME (a) Residence: No. (busing bled of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (a) COLOR OR RACE (b) BUNGRED Courte the word) (b) BUNGRED Courte the word) (c) BUNGRED Courte the word) (c) BUNGRED Courte the word) (c) BUNGRED Courte the word) (d) BUNGRED Courte the word) (e) BUNGRED Courte the word of the bundred courte the word of the word courted on the date stated above, at the word of the word courted on the date stated above, at the word of	STATE OF MARYLAND	-CERTIFICATE OF DEATH 5014
Village or City. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. A feed and control of the control of	1. PLACE OF DEATH	73-3
Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RAKE (B. BUNONEGE OF DEATH (S. SINCLE MARRIED, WHOOWED) (B. BUNONEGE OF DEATH (Worth Married OF DEATH 2. THE SETY OF DEATH (Worth) (Worth	county allegany WITHIN	CORPORATE LIMITS. Registration Dist. No.
Length of residence in city or town place death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) St., Ward. PERSONAL AND STATISTICAL PARTICULARS SEX. 4. COLOR OR RAKE S. SINGLE, MARKEID, WHOWED, OSD, BJVORGED (criric the word) 3. If married, widewed, or downced HUSBARD of Married, widewed, or downced HUSBARD of (North) 4. AGE Years Medification of the date stated above, at 1 have occurred on the date stated above, at 2 have occurred on the date stated above, at 2 have occurred on the date stated above, at 2 have occurred on the date stated above, at 2 have occurred on the date stated above, at 2 have occurred on the date stated above, at 2 have occurred on the date stated above, at 2 have occurred on the date stated above, at 2 have occurred on the date stated above, at 2 have occurred on the date stated above, at 2 have occurred on the	Village or City Ceamblesland	Med. No. Memmiel Horso. St. 6-6 War
(a) Residence: No. (Utual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE GR. DIVORCED (with the world) 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (with the world) 5. LI Married, wildowed, ar divorced (or) WIFE of PARTIE OF BIRTH (month, day, and year) 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Monihis Days If LESS than 1 day. Are 1 day. Are 1. Date of Birth (month, day, and year) 1. Date of mark 1 day. ARE 1. Date of Sinches 1. Date of Country) Date of Country 1. Date of Country What test confirmed diagnosis? Was there an autor/by: 1. Hearthplace (city or town) Cisted or country) What test confirmed diagnosis? Was there an autor/by: 1. House and operation. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Name of injury Na	Length of residence in city or town where death occurred yrs	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the world) OR DIVORCED (write the world) OR DIVORCED (write the world) Sa. If married, widowed, or divorced HUSBAND (Month) OB) 6. DATE OF DEATH OB) OR DIVORCED (write the world) OR DIVORCED (w	2. FULL NAME John Cos	- 2 Sul.
23. SEX		
36. If married, widowed, or divorced HUSBAND or Americal widowed, or death is said or work of which work was done, as SLIN MILL, SAV MILL, BARK, etc. 9. Industry or buginess in which work was done, as SLIN MILL, SAW MILL, BARK, etc. 10. Date deceased laid worked at which work was done, as SLIN MILL, SAW MILL, BARK, etc. 11. Total time (operation work was done, as SLIN MILL, SAW MILL, BARK, etc. 12. BIRTHPLACE (city or town) (Slate or country) 13. RANDEN NAME 14. BIRTHPLACE (city or town) (Slate or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Slate or country) 16. BIRTHPLACE (city or town) (Slate or country) 17. INFORMANT (Address) 18. DIANAL, GREMATIQL, OR REMOVAR Place 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? 11. Total time (operation of the control of the contro	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
22. THE PER JOHE attended deceased by the procession, or particular kind of work done, as SPINNER, Mounth of work done, as SPINNER, SAWTHE, BDIKKETER, etc. 10. Date of was done, as SPINNER, Mounth of work as done, as SPINNER, SAWTHE, BDIKKETER, etc. 10. Date of work done, as SPINNER, Mounth of work was done, as SPINNER, SAWTHE, BDIKKETER, etc. 11. Total time (years) occupation. Social and the procession of work and the procession of work and the procession of the processio	OR DIVORCED (write the word)	may 10 193
6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular SAWYER, BD OKKEER, NEWER, SAWYER, BD OKKEER, NEWER, SAWYER, BD OKKEER, NEWER, SAWYER, BD OKKEER, NEWER, SAWWER, BD OKKEER, NEWER, SAWWILL, BARK, etc. 10. Date decased lask worked at this occupation of country) 12. BIRTHPLACE (city or town) (State or country) 13. MAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. Trade, profession, or particular What test confirmed diagnosis? Was there an autopsy. 19. Ideath is sa to have occurred on the date stated above, at. 19. Industry or business in which were so follows: 19. Industry or business in w		(Month) (Day) (Year)
Trues, profession, or particular lines and of work done as SPINNER, sawfer, BobukkEeper, etc. 9, Industry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spant in this occupation in coronatry) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMSTICE, BODY AB Place Program of the date stated above, at. S. m., The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 19. Industry of business in which were as follows: 19. Industry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Industry of business in which were as follows: 19. Industry of business in which were as follows: 19. Industry of business in which were as follows: 19. Industry of business in which were as follows: 19. Industry of business in which were as follows: 19. Industry of business in which were as follows: 19. Industry of business in which were as follows: 19. Industry of business in which were as follows: 19. Industry of business in which were as follows: 19. Industry of business in which were as follows: 19. Industry of business in which were as follows: 19. Industry of business in which were as follows: 19. Industry of business in which were as follows: 19. Industry of business in which the second of business in this occupation of business in the second of business in the profession of business in t	(or) WIFE of Margaut Jouans so	22. Thay BERT BERT I Please I attended deceased go
1 day, hrs. or. min.	5. DATE OF BIRTH (month, day, and year) Sand 8. 1854	Hast saw he Live alive on May 15, 1937; death is sa
8. Trade, profession, or particular kind of work done as SPINNER. SAWYER BONKEPER, etc. 9. Industry or business in which saw sad one as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation work and year? (State or country) 11. Total time (years) spant in this year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) 8. BURIAL, CREMATION, OR REMOVAR Place (Address) 7. INFORMANT (Address) 7. INFORMANT (Address) 8. BURIAL, CREMATION, OR REMOVAR Place (Address) 7. INFORMANT (Address) 8. BURIAL, CREMATION, OR REMOVAR Place (Address) 7. INFORMANT (Address) 8. BURIAL, CREMATION, OR REMOVAR Place (Address) 8. BURIAL, CREMATION, OR REMOVAR Place (Address) 9. UNDERTAKER (Address) 9. UNDERTAKER (Signed) 11. Total time (years) Spant in this OF. Date of impury Nature of injury (Signed) 11. Total time (years) Manner of injury in any way related to occupation of deceased? M. Manner of injury Nature of injury (Signed) 11. Total time (years) Manner of injury in any way related to occupation of deceased? M. Manner of injury Nature of injury (Signed) 15. MAIDEN 16. BIRTHPLACE 17. INFORMATION 18. Date of injury 19. Where did injury in any way related to occupation of deceased? 19. OF FILED 10. State or country 10. Date of impury 10. Date of impury 10. Date of impury 11. Total time (years) 12. Date of impury 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN 16. BIRTHPLACE 17. INFORMATION 18. Date of impury 19. Manner of injury 19. Manner of injury 19. Manner of injury 19	1 - 1	
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work was done, as SILK MILL. SAM MILL, BARK, etc. 10. Date deceased lase worked at this occupation occupation Spant in this spant in this occupation Dither Contributory Causes of importance: Dither Contributory Causes of importance: Dither Contributory Causes of importance:	9 Industry or business in which	Mine myresimus 0/3
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(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (Addr	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
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Name of operation Name of operation What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place Procedured Transported Date Manner of injury Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED MANNE 20. FILED Name of operation What test confirmed diagnosis? Was there an autopsy? Was disease or injury in any way related to occupation of deceased? If so, specify Was disease or injury in any way related to occupation of deceased? If so, specify Was disease or injury in any way related to occupation of deceased? Was disease or injury in any way related to occupation	13. NAME James (rass)	
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23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) BURIAL, CREMATION, OR REMOVAL Place Proceeding the place Manner of injury Nature of injury 9. UNDERTAKER (Address) 10. FILED Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) 11. If so, specify (Signed)	(State or country)	W.
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7. INFORMANT (Specify city or town, county and State) (Address) 3 / 7 Slenn H. Cumbuland 8. BURIAL, CREMATION OR REMOVAL Place may out my Date May 17, 1937 9. UNDERTAKER Angle Season of Company of the Company of th	(State or country) Scotland	
18. BURIAL, CREMATION, OR REMOVAL Place Prosecock Prof. Date May 17, 1937 Nature of injury 19. UNDERTAKER David School (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed)		(Specify city or town, county and State)
9. UNDERTAKER David School (Address) 10. FILED Way 19. Sa. A. P. Frankl. Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Signed)		Manney of Julium
9. UNDERTAKER Navigh S. Boal (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) (Signed)	Place macoret my Date May 17, 193	
20. FILED Mary Ho, 193) Sig & Frankle (Signed) OT Lite of Remarkers M.	9. UNDERTAKER David S. Boal	
20, FILED TYSON, THE JOY OF THE DESCRIPTION OF THE	(Address)	The state of the s
	20. FILED May Ho, 1937 Sug. P. Frankle. Registrar.	lo b lined

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	Date of onset 1 week ago 1 week ago
	- "
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	of infor-	uld state	CCUPA-
	item	sho	of (
	WRITE PLANEY, WITH UNFADING INK-THIS IS A PERMANENT RECALD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	T REC	Y. PHY	Exact
NDING	RMANEN	XACTL	classified.
ARGIN RESERVED FOR BINDING	IS A PE	stated E	properly
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	LITE	on sh	ISE C
H	WE	mati	EAL

TION is very important. See instructions on back of certificate.

N. B. WRITE PLA

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 5015
1. PLACE OF DEATH	(46-9)
County steghny WITHI	N CORPORATE KINHTE Stration Dist. No. 4
Village or City Cambelland	Not 9 Mg Cue St. 6-1 Ward
/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Italia June Croy	If U. S. Veteran, specify WAR
(a) Residence: No. 34 Mary land	St., 6-1Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (price the word)	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	22, I HERBBY CERTIFY, That I attand deceased from
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded deseased from
6. DATE OF BIRTH (month, day, and year) we 17, 1906	I last saw h 2 alive on WALL 5, 19 3 7; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.2.36.m.
30 10 28 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular	19.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Amae Beijes	Malignant Papellous Jel ? 7
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at 11. Total time (years)	(tritta Peritonial)
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation occupation	
Onten land	Other Contributory Couses of Importance:
12. BIRTHPLACE (city or town) (State or country)	Wetastasis to brain 40.37
	THE CLARK COLOR STATE
E O to	Name of operation. Date of 3222
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autops?
# 15. MAIDEN NAME Margret Dively	23. If death was due to external causes (VIOL ENCE) fill In also the following:
E Dilesso F	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) Wesser (State or country)	Where did Injury occur?
11 000	(Specify city or town, county and State) Spacify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Augusta Company (Address) Setes los man	change and the many security in Memory of the Section 1
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Reform Cemo Date May 17, 1937	Nature of injury
The Tales	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) Cumbaland 2014	If so, specify
W - 0 - 0 - 10.	(Signed) Review H. bousou M. D.
20. FILED Way 15, 19.	(Address) burnerland mi

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V S.			
Other contributory causes of importance:	ۇ. ئ	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address)

20. FILEO LAQ

1. PLACE OF DEATH

STATE OF MARYLAND

CORP

If LESS tha

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

I day,

	CERTIFICATE OF DEATH						
Y) B	PATE LIMITS 42						
TA	T, HOSPTPAT,						
Of	death occurred in a horpital or institution, give its NAME instead of street and number)						
mos.							
	If U. S. Veteran, specify WAR						
GI	NTA						
	St., Ward. If nonresident give city or town and State						
	MEDICAL CERTIFICATE OF DEATH						
:	21. DATE OF DEATH						
_	MAY I2 (Month) (Oay) (Yeer)						
	22. I HEREBY CERTIFY, That I attended deceased from						
	3-1-,13), to 5-12-,1957						
	I last saw helive on						
n	to have occurred on the date stated above, at I-+ 50-m4 . M .						
hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:						
	Date of onset						
	10 Moure Mysentitios >						
	10 your onlocalto						
	Other Contributory Causes of Importance:						
	Du Otit B-						
	5 do troub o bodie						
	Name of operation Oate of What test confirmed diagnosis? A day was there an autopsy?						
	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?						
	Where did injury occur?						
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.						
	Specify whether injury occurred in INDUSTRY, in HOME, of in Public Place.						
	Manner of injury						
-7	Nature of injury						
	24. Was disease or injury in any wey related to occupation of deceased?						
	If so, specify 9 1 9 1						
0	(Signed) A Sullian M. D.						
ere.	(Address) (/ 11=-les les la						

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-	should state	of OCCUPA-	
RECAD. Every	Y. PHYSICIANS	Exact statement	
S A PERMANENT	tated EXACTL	roperly classified.	rtificate.
B.—WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECOXD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
B.—WRITE PLANLY, WIT	mation should be carefully	CAUSE OF DEATH in pla	TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	50 ,
County allegans	Registration Dist. No. 28
Village or City Andlore	No. 125 E. Maise St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
m. 50// (1)	
2. FULL NAME / (ary Ollen Trave	If U. S. Veteran, specify WAR
(a) Residence: No. 125/6, Main St. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH May 24 Th 193 7 (Month) (Day) (Year)
5a. If married, widowed, as divorced HUSBAND of The late Glerfander Davis	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) afer. 14th 1846	last sach alive on 2 2 2 19 32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
9/ / 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Colinona Left heart guy 1-14
SAWYER, BOOKKEEPER, etc.	Iteratized freezeway
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total tima (years)	
11. Total tima (years) this occupation (month and year) year) occupation.	
2(·// / / / /	Other Contributory Causes of importance:
(State or country)	AC- O-A
1 Complete the com	- Marty
	1
14. BIRTHPPACE (city or town) Year Vale Junior Ma. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary am Usinters	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Please Vale Summit MA.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Ollie breaches. (Address) Broothurs, Maryland.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ullegany CemelesyDate May 27, 1937	Nature of injury
19. UNDERTAKER Jacob Hafe Mayland.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 2), 193) Brang Poranles.	(Signed) V. alfeld Vh Orno M.D. (Address) H sellman m.D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	Varieti
The principal cause of d of importance were as fo	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 3: 1937	915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	1

V. S. No. 1

T REC. AD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA.	
IS A PERMANEN	stated EXACTL	properly classified.	certificate.
B.—WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECEAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY: PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
B.—WRI	matio	CAU	TION

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 50	18
1. PLACE OF DEATH		MITS.	
County Allegany		PORPORATE LIMIT Registration Dist. No. 4	
Village or City Cumberlan	d. Md WITHIN	No. 500 Hingsley St., 5-death occurred in a horpital or instruction, gif its NAME instead of street and number	per)
Length of residence in city or town where death or	ccurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME Julia. A.D.	ean.	If U. S. Veteran, specify WAR	
(a) Residence: No. Cumberlan		St., 5- 2.1Ward. If nonresident give city or town and Stat	c
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female 4. COLOR OR RACE White OF	NGLE, MARRIED, WIDOWED,	21. DATE OF DEATH May 2.1937	
5a If married widowed or divorced		(Month) (Day)	(Year)
HUSBAND of Frank. Dean.		22. I HEREBY CERTIFY, That I attended dece	
6. DATE OF BIRTH (month, day, and year) Feb.	4.1854	I last saw ham alive on June 1, 19.37; de	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 12.45Pm	
83 2	2] 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	At Home	Seffic Sore Throat	te of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
1D. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
Pa		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		Farial Cycifelan	
13. NAME John . Stewart			
	Pa	Name of operation Date of	
Nobecco 1	Flotabon	What test confirmed diagnosis? Was there an autop	sy?
16. BIRTHPLACE (city or town)	Pa	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?	, 19
(State or country) Georgie, Li 17. INFORMANT Cumberi		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
(Madie22)	alia. Ma		
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Compat		Manner of injury	
John.C. Wolfe 19. UNDERTAKER		24. Was disease or injury In any way related to occupation of deceased?	
20. FILED May 4, 1937, Av. 8	.P. Frankla Registrar.	(Signed) It C. Barren (Address) Cimebuland Me	M. D.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis IIIN 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

)	RECORD. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-		
V.S. NO. I	N.BWRITE PLAKLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
N	N. B.	1			

STATE	E OF MAR	YLAND-	CERTIFICATE C	OF DEATH	5010
1. PLACE OF DEATH			20	-c	3013
County allege	any		TOTALE LIM	Registration Dist. No.	-
Village or City Ledece	belang	WHAT HAVE		ch Saw st.	1-3 Ward
Length of residence in city or town	where death occurred	An (It	death occurred in a hospital or institutionds. How long in U.S. if of	on, give its NAME instead of street a foreign birth?yrs	
2. FULL NAME Par	ker /4.0	Dougale		pecify WAR	
(a) Residence: No.	marela.	ed that	0 / ward.	poor, minimum	
	Sual place	10.	-C	If nonresident give city or town	
PERSONAL AND STA				RTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RAC		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	5-1-	, 193
5a. If married, widowed, or divorced	001	- 44		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	ignel lo	moro	22. I HEBY	CERTIFY, That I attend	ded deceased from
6. DATE OF BIRTH (month, day, and year)	,	1890	I last saw h alive on	4-77.195	2; death is said
7. AGE Years Mon	ths Days	If LESS than	to have occurred on the date stated		
47 -	- -	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:	I and related causes of Importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNI SAWYER, BOOKKEEPER, etc	ER. 200 -		17,000		
9-Industry or business in which		marc	Juino	nerry	Des-
work was done, as SILK MILL SAW MILL, BANK, etc			Of when	Cultons.	1
this occupation (month and	spe	ime (years) nt in this			Rug
year)	Occi	upation	Other Contributory Causes of import	tance:	7
12. BIRTHPLACE (city or town)(State or country)	ey ser	Mar	:		
	1 Done	ola.	-		
E) ////	grass	711	718-	
14. BIRTHPLACE (city or town)	MVa.		Name of operation	5/1- Was there	an autopsy
15. MAIDEN NAME Mall	in Math	rick	23. If death was due to external caus	7	
15. MAIDEN NAME Well 16. BIRTHPLACE (city or town)	com/			Date of Injury	
State or country)	TIVa	4	Where did injury occur?	76	
17. INFORMANT Quedaeur (Address)	R. Doug	lass	Specify whether injury occurred in	(Specify city or town, county and INDUSTRY, in HOME, or in PUBLIC	State) PLACE,
18. BURIAL, CREMATION, OR REMOVAL	. O W. Vaw		Manner of Injury		
Place devens Vou	Wegenpate MG	ay 10, 19.37			
19. UNDERTAKER Totalis) (Address)	Alexo &	med	24. Was disease or injury in any way	y related to occupation of deceased	no-
20. FILE May 10, 19 31	. Dr. J. O.	Franke Registrar.	(Signed)	The Miles	2, mil
	f more blanks are needed,	address State Registrar.	2411 N. Charles Street, Baltimore, Reg)

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Example I	1	Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
D. CEALL V. S.	1 0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			. +

ADDITIONAL :	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1.	PLACE OF DEATH	ADDITE LIMITS
-]	County allegang. WITHIN CORP	Registration Dist. No.
	Village or City Cursh bes Vlenck Mil.	No. Memorial Hants to Waldeth occurred in a hospital or institution, give its NAME insected of street and number)
		ds. How long in U.S. if of foreign birth?yrsmos
2.	FULL NAME Chely Boy 1904	U. S. Veteran, specify WAR
	(a) Residence: No. 34 Clace St. Cit.	4_ St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SE	male while Single (write the word)	21. DATE OF DEATH May 23, 193 (Month) (Day) (Day)
5a. II	married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased in
	(or) WIFE of	May RE 1937 my 23 103
5 D	ATE OF BIRTH (month, dey, end year) May 21. 1437	t tast saw h Jain alive on May 20+ 33 19 37: death is
7. AC		to heve occurred on the date stated above, at 5 . 45 Pm.
	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
_	8. Trede, profession, or particular	were es follows fremature Date of an
5	8. Trede, profession, or particutar kind of work done, as SPtNNER, SAWYER, BOOKKEFPER, etc	
OCCUPATION	9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
3	IO. Date deceased last worked at this occupation (month end spent in this occupation occupation	
	O O O	Other Cappinstery Courses of Importance:
12. E	SIRTHPLACE (city or town) While Sunday	Onthionary of
2	(State or country) Maryland	
LAIHER	13. NAME ours Namey.	
4	14. BIRTHPLACE (city or town) U. Amadylvaku.	Neme of operation
	(State or country)	Whet test confirmed diagnosis?
MOINER	15. MAIDEN NAME Dorolly gong	23. tI death was due to externet ceuses (VIOLENCE) fill in elso the Iotlowing:
2	16. BIRTHPLACE (city or town) Denn Gyllussia	Accident, suicide, or homicide? Date of injury, 19
-	(State or country)	Where did Injury occur?(Specify city or Iown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. 1	NFORMANT OULS NOUNDLY (Address) 34 Race St. City	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. E	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Cunxantowand may 3419 37	Nature of Injury
10 1	INDERTAKER LOUIS Stein Inc.	24. Was disease or injury in eny way related to occupation of deceased?
13. ((Address) Cum herland, md.	II so, specify
20. F	TILED May 21, 19. 37 Dr. Jos. P. Franklin Registror.	(Signed) (Address) Authority (Address)
-	A	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEUXEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(12)
County Village or City A CALLY VILLAGE OF BEATH County Village or City CALLY VILLAGE OF BEATH COUNTY VILLAGE OF BE	Registration Dist. No.
Village or City Lanacanag WITHIN OF	No. St., Ward
Langth of rasidence in city or town where death occurred 4 yes	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foralgn birth?
9 1 1 1 1 1	
(a) Residence: No. A gard was	St., Ward.
(Usual place of abode)	/ If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word) Thate MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Matth) (Oay) (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Translation West	22. HEREBY CERTIFY. Thet I attended deceased from april 2 , 1937 to long 1 st , 19 37.
6. DATE OF BIRTH (month, day, and year) Ang 17, 1856	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, at 2 A-m.
80 8 124 1 dey,hr	Work or follows:
8) Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronia replantes Date of one ot
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, Work was done, as SILK MILL, Industry or business in which work was done, as SILK MILL, Industry or business in which Industry or business in which Industry or business in which Industr	
10. Dete decessed lest worked et this occupation (grenth and yaar)	16.
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importanca:
A decoposity	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of Section Detection Detectio
The state of the s	What test confirmed diagnosis? Was there an autopsy? Ur
16. BIRTHPLACE (city or town) Danknown	23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT MAN Hazefun Dudley	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dagepowwill Bate Lay 2:, 195	Neture of injury
19. UNOERTAKER All Cachbary (Address)	24. Was disease or injury in any way related to occupation of daceased? ** ** ** ** ** ** ** ** ** ** ** ** **
20. FILED May 1 137 Dr. E. O. 17/00	(Signed) Henry M. Hodgen & M. D
Registrar,	(Address) Journa condus, my.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	110	Example II	Zanam preb.
The principal cause of death and related causes of importance were as follows: Arteriosclerosis MAY 5 1937	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1915	Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	Luty 5,1927	Peritonitis	1 week ago 3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH WITHIN CORPORATE LIMITS OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in S. S. If of foreign birth?_______mos._____ds. 2. FULL NAME If U. S. Veteran, specify WAR_. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) (Month (Day) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. Thet I attended deceesed from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end yeer) properly 7. AGE Days If LESS than 1 day, hrs. and related causes of Importence or ____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.... pe back 9. Jadustry or business in which may should work was done, as SILK MILL, SAW MILL, BANK, etc.... 1D. Date deceased last worked at 1f. Total time (years) this occupation (month end spent in this that occupation . instructions Other Contributory Causes of importance: 12. BfRTHPLACE (city or town) (State or country) supplied. terms, FATHER 14. BIRTHPLACE (city or town) CAUSE OF DEATH in plain (State or country) carefully Whet test confirmed dlagnosis?_ MOTHER important. 15. MAIDEN NAME 23. If death wes due to external causes (VIDLENCE) fill In elso the following: Accident, suicide, or homicide?______ Date of injury______ 19__ 16. BIRTHPLACE (city or tow (State or country) Where did injury occur?_____ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE 17. INFORMANT very (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of injury mation LION 24. Was diseese or injury in any way related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) ... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago	
Cerebral hemorrhage EIVED	July 5,1927	Perilonitis	3 days ago	
JUN 7 1937				
Other contributory causes of importance: Gallstones Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE F	FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 7 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

tem of infor-	should state	of OCCUPA.	
N. BWRITE PLANILY, WITH UNFADING INK-THIS IS A PERMANENT RECALD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
ERMANENT R	EXACTLY.	y classified. E	te.
HIS IS A P	be stated	be properl	of certifica
G INK-T	GE should	that it may	ns on back
UNFADIN	supplied. A	terms, so	ee instructio
LY, WITH	e carefully	ATH in plain	portant. S.
ITE PLA	od bluods no	SE OF DE	TION is very important. See instructions on back of certificate.
N.BWR	/ Imati	CAU	TIOI

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(942) LIMITS. 5024
County Ollegany	CORPORATE Registration Dist. No. 44
Village or City Curfue Chand WITHIN	Registration Dist. No. 4 No. 53 5 7 . Ne. Lanic St., 2-2 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Beatrice Ensle	If U. S. Veteran, specify WAR
(a) Residence: No. 535h. Mechanic	1 st., 2 -2 Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) an. 19-1900 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw h
8. Trade, profession, or particular kind of work done, as SPINNER, House duties	were a vollows: Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) from the control of the country)	Other Contributory Causes of importance:
13. NAME Michael nathan	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city (r lown)) (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT (Address) 18. BURIAL CREMATION OR REMOVAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place antisulle, Dete may 5, 19.3	Menner of injury
19. UNDERTAKER Wm. Winter Berg (Address) Grantsville, mass	24. Wes disease or injury in any wey related to occupetion of deceased?
20. FILED May 14, 1937. Dr. J. P. Frankel Registrar.	(Signed) Lev Houling and Wrong
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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X	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
FOR BINDING	stated EXACTLY. properly classified. I	
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(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred by yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds. 2. FULL NAME David Falking. (a) Residence: Np. — Carlos Market St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	STATE OF MARYLAND—	CERTIFICATE OF DEATH 5026
Village or City. Ward Langth of residence in city or town where reath occurred by 1713	1. PLACE OF DEATH	(3)
Lapph of residence in city or town where seath occurred by yrs. mes. ds. How long in U. S. If of foreign birth? yrs. mes. ds. How long in U. S. If of foreign in U. S. If of foreign birth? yrs. mes. ds. How long in U. S. If of foreign birth? yrs. mes. ds. How long in U. S. If of foreign in U. S. If of foreign birth? yrs. mes. ds. How long in U. S. If of foreign birth? yrs. mes. ds. How long in U. S. If of foreign birth? yrs. mes. ds. How long in U. S. If of foreign birth? yrs. mes. ds. How long in U. S. If of foreign birth? yrs. mes. ds. How long in U. S. If of foreign birth? yrs. mes. ds. How long in U. S. If of foreign birth? yrs. mes. ds. How long in U. S. I	County allegny	Registration Dist. No.
Langth of residence in city or town where seath occurred by yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: No. Carlot Jack (b) Residence: No. Carlot Jack (c) Residence: No		
(a) Residence: ND. Garlos (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RICE OR DIVORCED (wish the word) 5. If matrick widowed, or divorced (or) Wife of Thursa aldams Talking (or) Wife of Thursa aldams Talking (or) Wife of Thursa aldams Talking 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular 8. SAW MILL, BARK, etc. 9. SAW MILL, BARK, etc. 10. Date OF BIRTH (month, day, and year) 11. Total fune (years) 12. BIRTHPLACE (city of town) 13. SAW MILL, BARK, etc. 14. BIRTHPLACE (city of town) 15. MADEN NAME 16. BIRTHPLACE (city of town) 16. BIRTHPLACE (city of town) 17. INFORMANT 18. BIRTHPLACE (city of town) 18. BIRTHPLACE (city of town) 19. J. MADEN NAME 19. J. Maden Jake of	A L	
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLON-OR RACE White 5. SINGLE MARKED, WIDOWED OR, DIVORCED (write the word) 5. Limarited, widowed, or divorced HUSSAND or or divorced	2. FULL NAME David Fathin.	
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLON-OR RACE White 5. SINGLE MARKED, WIDOWED OR, DIVORCED (write the word) 5. Limarited, widowed, or divorced HUSSAND or or divorced	(a) Residence: Np. Carlos, Md.	St. Ward.
3. SEX 4. COLOR OR RACE White White OR DIVORCED (write No word) Sa. It married, widowed, or divorced (or) WHEE of Shurs a darm Talkin (or) WHEE of Shurs a darm Talk	(Usual place of abode)	If nonresident give city or town and State
Male White OR PUNCED Counter New world Warried Sa. It married, widowed, or divorced HUSSAND for divorced HUSSAND or divorced		
58. If married widowad, or divorced (Cor) Wife of Thursa adams tables (Cor) Wife of Wife of Wife of Thursa adams tables (Cor) Wife of	OR DIVORCED (sweits the world)	()
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7. AGE Yaars Months Days II LESS than 1 day. hrs. or min. 8. Trade, profession, or parlicular in the profession or parlicular in the pro	S DATE OF BIRTH (month day and year) 4 0 37 1972	
8. Trade, profession, or particular kind of work dome as SPINNER. Shore Academ SAWYER, BODKKEPER etc. 9. Industry or business in which work was done, as SILK MILL. Account this SAWYER, BODKKEPER etc. 10. Date deceased last worked at year) 11. Total me (years) 12. BIRTHPLACE (city or town). (State or country) 13. MAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city of town). (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATIDN, OR REMOVAL Place Allegary Cempste Academ (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 10. Date deceased in mortance Date of onset injury. Name of operation. What test confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of Injury. 19. What ce of injury. Nature of injury. Nature of injury. Nature of injury. 19. What est injury in any way related to occupation of daceased? No. The Country in any way related to occupation of daceased? No. Date of Date of Date of Injury. 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Signad) No. Date of Date of Injury. No. Date of Date of Date of Injury. 19. UNDERTAKER (Signad) No. Date of Date of Date of Injury. (Signad) No. Date of Date of Date of Date of Injury. M. Date of Injury. M. Date of Date of Date of Date of Injury. M. Date of Injury. 19. UNDERTAKER (Signad) No. Date of Date of Date of Date of Date of Date of Injury. M. Date of Date		
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What test confirmed diagnosis? Was thara an aulopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city of town) (Slate or country) What test confirmed diagnosis? Was thara an aulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Dale of Injury, 19 Whare did injury occur? (Specify city or town, country and State) Spacify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Was thara an aulopsy? Accident, sulcide, or homicide? Spacify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Was thara an aulopsy? Accident, sulcide, or homicide? Spacify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Was disease or injury in any way related to occupation of daceased? Was thara an aulopsy? Accident, sulcide, or homicide? Spacify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Was disease or injury in any way related to occupation of daceased? Was thara an aulopsy? Accident, sulcide, or homicide? Spacify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Was disease or injury in any way related to occupation of daceased? What test confirmed diagnosis? Accident, sulcide, or homicide? Spacify whether injury occurred. Manner of injury Yellow of injury Yello		avenouleur
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Whare did injury occur? (Specify city or town, county and State) Spacify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Addrass) Manner of injury Place. Clegarcy Cempora Your, 1987 Nature of injury 19. UNDERTAKER According What Cempora Your, 1987 (Addrass) Frootburg Whate did injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury 24. Was disease or injury in any way related to occupation of daceased? If so, specify (Signad) (Signad) M. [(Signad	5 16. BIRTHPLACE (city of town) Cocharly	Accident, sulcide, or homicide?
17. INFORMANT (Addrass) 18. BURIAL, CREMATIDN, OR REMOVAL Place (Addrass) 19. UNDERTAKER (Addr	(State or country)	Whare did injury occur? (Specify city or town, county and State)
Place Allegary Cemps you 7, 1987 Nature of injury 19. UNDERTAKER CADDON From State 1. (Addrass) Frootburg W. If so, specify 20. FILED Man 1, 1937 Manuel Minuty Nature of injury 24. Was disease or injury in any way related to occupation of daceased? It so, specify (Signad) W. Olfred V. M. C. M. E.	ت جندنداد الانتخاب المستوال المستوالية من المستوالية المستوالية المستوالية المستوالية المستوالية المستوالية الم	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER (Addrass) Froolburg (Addrass) 24. Was disaase or injury in any way related to occupation of daceased? If so, specify (Signad) (Signad) M. D. Olfred M. D. M.	200	Manner of injury
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20. FILED May 1, 1937 Manley (Signad) W. alfred Va am M. D.		
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JIII 9 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAN V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

M	item of infor-	should state	of OCCUPA-	
DING	-WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ARGIN RESERVED FOR BINDING	HIS IS A PERM	be stated EX	be properly cl	of certificate.
IN KESEKVE	DING INK-TI	. AGE should	so that it may	ections on back
AAKG	, WITH UNFA	refully supplied	I in plain terms,	tant. See instru
	RITE PLANTY	tion should be ca	USE OF DEATH	TION is very important. See instructions on back of certificate.
4	F	ma	C	TI

N. B. WRITE PLAMLY,

V. S. No. 1

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CORPORATE Registration Dist. No. 4
County Allegany.	Registration Dist. No.
Village or City burn Island WITH!	No. Allegary Anthol St., 4-1 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
-///	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Anna marie Fradisher	
(a) Residence: No. 4/1 Vally	St., 3-1 Ward.
(Usyatplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of mochael Fradish	22. I HEREBY CERTIFY, That I attended deceased from 1937, to Way 9, 1937
6. DATE OF BIRTH (month, day, and year) Self 17 1862	I last saw h 2 alive on Way 8 ,1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
74 7 92 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at the same statement of the sa	Dearcho furning 5/7/
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
la land o	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Amount to Carolina (State or country)	
13. NAME Flexhenation	
	No. of a self-
(State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy? Mo
15. MAIDEN NAME Cotherine Blok.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
I S PIDTING AGE (six or Assert)	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT John Fradiska	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Sto Vitte & Vando Date my 1, 1937	Nature of injury
19. UNDERTAKER Assis Steam One	24. Was disease or injury In any way related to occupation of deceased?
20. FILED May 11, 1937. Dr. J. G. Frankel	(Signed) Wan IX The M. D (Address) 122 Reaffly St -
	2411 N. Charles Street, Baltimore, Requesting V. S. Mo. E

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
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Arteriosclerosis	FUEDI	1915	Attack of epilepsy	1 week ago	
Chronic interstitial he	phritis-	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 7 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1.5	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

D. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5028
1. PLACE OF DEATH	(72-0)
County allegany MITHIN COR	PORATE LINITA Registration Dist. No.
Village or City Cumberland	Mlo Gianala
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long In U.S. if of foreign blrth?yrsmosds.
2. FULL NAME ann Dunkin Hallas	het If U. S. Veteran, specify WAR
(a) Residence: No. The Pinale	St. Ward.
(d) Residence. No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write tha word)	may 39, 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of O.K. 100.000	22. HEREBY CERTIFY, That I attended deceased from
I wan H. Ballagrer	lept 6, 1935, to may 29, 1937
6. DATE OF BIRTH (month, day, and year) March 24, 1850	I last saw her alive on may 29 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:45 p.m.
87 2 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Condocardition (20 ital
6 kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	reasonitations 1935
9. Industry or business in which	acute Cardiac Alatation 1937
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at	
10. Data deceased last worked at this occupation (month and year) spent in this occupation occupation	
0.00	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	anterio Schools:
13. NAME John Sill	
14. BIRTHPLACE (city or town) Allamy	Nama of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? No
16. BIRTHPLACE (city or town) allony	23. If death was dua to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) albany	Accident, suicide, or homicide?
E (State or country) new Ollane	Whera did injury occur?
17. INFORMANT M NS H. T. Robinson	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
(Address) Dingle Cumberland	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sagina Much Date May 1 , 1937	Nature of injury.
0 · 1+ · 1	24. Was disease or injury in any way related to occupation of deceased? 200
19. UNDERTAKER COMPANY CONTROL	
(A) DOPT 12:	(Signed) Bassel H Tues level M. D.
TO. FILEO J. and 2, 1937 Nn . J. J. Janklen) Registrar.	(Address) 20 1 Poly R 10

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	F DEATH in plain terms, so that it may be properly classified. Exact statement of OC	1
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Ö	MA	(A)	00 00 00 00	
BIL	PER	K	y c	te.
MARGIN RESERVED FOR BINDING	A I	ted	perl	ery important. See instructions on hack of certificate.
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of infor-1. PLACE OF DEA Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos. If U. S. Veteran, specify WAR If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceesed from 22. (or) WIFE of 18,1937 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then to heve occurred on the date stated above. 20 1 day, ----- hrs. or____min. Date of onset 8. Trede, profession, or particular kind of work done, es SPINNER, OCCUPATION SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked at 11. Total time (years) this occupetion (month end spent in this occupation _ 12. BIRTHPLACE (city or town (Stete or country) 14. BIRTHPLACE (city or town) Neme of operation_ (State or country) What test confirmed diagnosis?__ MOTHER 15. MAIDEN NAME 23. If death was due to external ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) (Stete or country) (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Address) sh 0 Manner of injury WRITE. CAUSE mation LION 24. Wes disease or injury in any way related to occupation of deceased 19. UNOERTAKER (Address) If so, specify 20. FILED. IAQ Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N, Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example 1		Example II	
The principal cause of death and related causes pate of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephro	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MUN 7 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

D. Every item of infor-

STATE OF MARYLAND— 1. PLACE OF DEATH County Cycle Gard Outside White of City City City County Length of residence in city or town where death occurred yes city mos.	Registration Dist. No.	
(a) Residence: No. Buffel (Usual place of abode)	If U. S. Veteran, specify WAR Ward. If nonresident give city or town an	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Where Where States and States are the word)	21. DATE OF DEATH (Month) (Day)	, 193_7 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Callesine drees	22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) Soly 18 1853	I last saw h alive on 92 and 11 193	, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
83 7 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular	Ehronic Russ cardilis	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	I dearen ato-	Apr. 28
9. Industry or business in which work was done, as SILK MILL, Dairy SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this		
year) occupation occupation occupation	Other Contributory Causes of Importance:	
(State or country)	(40 gens)	
13. NAME HELLY Greece		
13. NAME HELLY STEERS 14. BIRTHPLACE (city or them)	Name of operation Date of.	
(State or country) dersuaccy	What test confirmed diagnosis? Was there an	autopsy?
15. MAIOEN NAME Mary a Soult 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT John Mary a Soult 18. MAIOEN NAME Mary a Soult 18. MAIOEN NAME Mary a Soult 19. MAIOEN N	23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Oate of Injury Occur? (Specify city or town, county and State of Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC P	,19
18. BURIAL, CREMATION OR REMOVAL) Place Date 78, 1937	Manner of Injury	
19. UNDERTAKER Journes Herro Jene Mg	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO May 1, 1937. Av. J. V. Hrank Registrar.	(Address) (Addre	A fala.

V. S. No. 1

B.—WRITE PLA

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	Example I	1	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	britis JUN 7 1331	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	RUKCAG			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

LY, WITH UNFADING INK-THIS IS A PERMANENT REC mation should be carefully supplied. AGE should be

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3031
1. PLACE OF DEATH,	207·m)
County Williamy WITHIN	CORPORATE LIMIT Registration Dist. No. 4
Village or City Comberland.	No. Allegam Horlital St. 41 Ward
(If Length of rasidance in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. 11 of foreign birth?yrsmosds.
2. FULL NAME Frank Refford Hars	If U. S. Veteran, specify WAR
(a) Residence: No. 17 6 And ST	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wpie the word)	21. DATE OF DEATH (Martith) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) San 6 1884	I last saw h aliva on was 131 , 19 25 deeth is said
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at 2. Am.
53 - 18. Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, Calbuman	190 pariet 1 1 200 9 3.224
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total tima (Years)	Baltimore & Ohio Railroad secidents
	39. F.R.
this occupation (month and year) spent in this occupation 35	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Oakland	1, 7 = 6 9 5 14 34
(State or country)	(Muylec Eliphyseum)
13. NAME AND 14. BIRTHPLACE (city or town)	1 112 2
4 14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there en autopsy?
E auna	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
mastly straigh	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
17, INFORMANT/MACLES ALLOWANT	- san public places
18. BURIAL, CREMATION OF REMOVAL and Data may 26, 1937	Mannar of Injury Restored secidents
19. UNDERTAKER Lomis Stim Inc.	24. Was disease or injury in any way related to occupation of dacaased!
(Address)	If so, specify K.R.A.
20. FILED Mary 26, 1927 dr J. P. Franklin	(Signed) Aumsbrow M. D.
Registrar.	(Address) Junele Hage I was

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE PLA

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	Example I	1	Example II	18
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	111M 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		.L		

statement

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classified.

properly certificate

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CAUSE OF DEATH in plain terms,

very important.

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mation should be carefully

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		COMBINE Sity or town where			yr.	ECKE	(If
(a) Res	idence: No.	Cres	pt	ON The	Maz	ylan	d.
		ND STATIST					
YEMA!	LE 4. COL	OR OR RACE				WIDOWED, te the word)	
a. If married, v HUSBAND (or) WIFE	vidowed, or div of of	rorced					
s. DATE OF BII	RTH (month, d	ay, and year)		5-	6.	37	
. AGE	Years 2	Months	~~	Days	1 da	f LESS than ny,h min.	
8. Trade, kind SAV		particular , as SPINNER, EPER, etc					
SAV	y or business k was done, as V MILL, BANK	SILK MILL, , etc					
TO. Date de this	eceased last w occupation (m r)	onth and		11. Tota	l time (ye pent in th coupation	ears) nis	
12. BIRTHPLAC (State o	CE (city or town r country)) Cum	BEI	RLAI	Q.		
13. NAME	FLMI	RAGI	111	0	HEC	KERT	
	LACE (city or ate or country)		MI	VA.			
15. MAIDE	N NAME	Rosa	IE	H	EAVI	ENER	
	PLACE (city or ate or country		4.	FIE	LD		
17. INFORMAN' (Addres	(23)	RESAPTO	WA	N	LCX	eri	
18. BURIAL, CR	arse S	hoe Pu	W U	te. 7%	19	7.193	2
19. UNDERTAK	ER S	Bu	ett	er	1		
(Addres	(35)	wheel	an	R	n	11	

Registration Dist. No th occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?_____yrs.____mos.____ds. If U. S. Veteran, specify WAR_____ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) I HEREBY CERTIFY. That I attended deceased from to have occurred on the date stated above, at_____m, The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of enset What test confirmed diagnosis?_____ Was there an autopsy?____ 3. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?______ Date of injury______ 19_____ Where did Injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Nature of injury_____ 24. Was disease or injury in any way related to occupation of deceased?. If so, specify

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Example I	II II	Example II	1
The principal cause of death and related rauses of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	Marie Company
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

20. FILED May 24, 19 37 82.

4 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 5033
	1. PLACE OF DEATH	50
3	County allegany	REPURATE LIMITS. Registration Dist. No. 4
	Village or City Culmbergand Mid	No. 13 Handson St., 5-1 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Mrs Could Free of	enry If U. S. Veteran, specify WAR
	(a) Residence: No. 13 Harrison St	· St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	OR DIVORCED (write the word)	Way 23 1937
1	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	(or) WIFE of Clark & Henry	22. I HEREBY CERTIFY. Thet I attended deceased from
	6. DATE OF BIRTH (month, day, and year) 8 pt /2 1896	Hast saw h. er alive on Way 2 of 1937 death is said
-	7. AGE Years Months Days if LESS than	to heve occurred on the date stated above, et 12
	41, 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 140	Trade profession or particular	Date of onset Way 1935
440	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. SIndustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et bis occupation (month and	
200	10. Date deceased lest worked et this occupation (month and year) occupation	
-	C D O O	Other Contributory Causes of Importance:
i	12. BIRTHPLACE (city or town) (State or country)	molasterio to Diver 1937
-	13. NAME Garred Free	1137
To be	I IV, IIAIIIL	Breast auturales May 193
L	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
2	15. MAIDEN NAME Bessiem Worfing	23, If death was due to external causes (VIOVENCE) fill in elso the following:
		Accident, sulcide, or homicide? Date of injury 19
0	16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
	17. INFORMANT Mrs Churles Forster	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
-	18. BURIAL. CREMATION. OR REMOVAL	Menner of injury
No.	Piece Greenmonthe Date May 261937	Neture of Injury.
-	19. UNDERTAKER LOUIS Stein Inc.	24. Wes diseese or injury in any way related to occupation of deceased?
1	15, UNDER IMPER	

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Example I	i i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. V. S. No. 1 20

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	TORATE LIMITS. 5034
County - aug aug	Registration Dist. No.
	CORPORATE LIMITS. St. 2-1 Ward f death occurred in a horpital or institution, proc its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmo	sds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME John David Hen	MY If U.S. Veteran specify WAR
(a) Residence: No 146 Bedford (Usual place of shoode)	St., 2-1 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partie the word)	21. DATE OF DEATH (Month) (Oay) (Year)
a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased fro May 9 107,19 to May 705,79
B. DATE OF BIRTH (month, day, and year) Jaw 17 1937	I last saw have on May 20, 1937; death is sa
AGE Years Months Days If LESS than 1 dey,hrs. ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bernelio Americana Kag!
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Oate deceased last worked at this occupetion (month and spant in this occupation ————————————————————————————————————	
12. BIRTHPLACE (city or town) Lesselland (State or country)	Other Contributory Causes of importance:
13. NAME toler / Trury	
13. NAME Tolus Trury 14. BIRTHPLACE (city or town) Tour College (State or country)	Name of operation Oate of Whet test confirmed diegnosis? Wes there an eutopsy?
	23. If death was due to externel causes (VIOLENCE) fill in also the following:
10. MAIDEN WAITE	Accident, suicide, or homicide? Date of injury, 19
15. MAIDEN NAME Callerine of Toghtham 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT blue Henry (Address) August May	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Co. Oate May 7/ , 19-3:	Manner of injury
19. UNDERTAKER Journal Steem June (Address)	24. Was disease or injury in any way related to occupation of deceased? 260
20. FILEO May 21, 1937, Ar. J. P. Frankli	(Signed) seffe Cowhere

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	-11	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	IUN 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
	The state of the s			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be

properly classified.

7. PHYSICIANS should state Exact statement of OCCUPA-

D. Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	N CORPO	RATE LIMITS	
Village or City Commercia	- 1	No. Premoval Holatelst 6	-bWard
		death occurred in a hospital or institution, give its NAME instead of street and number of the s	
Length of residence in city or town where deeth occurred.	_yrsmos		as.
2. FULL NAME STEM J. STOVI	<u>~</u>	If U. S. Veteran, specify WAR	/
(a) Residence: No. (Usual place of a	abode)	St., Ward. // St. If nonresignent give city or town and St	tate
PERSONAL AND STATISTICAL PARTICI		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR PIVORCED (21. DATE OF DEATH may 24	193 7
5a. If married, widowed, or divorced HUSBAND of	nia	(Month) (Oay)	(Year)
(or) WIFE of Jenny Lidnel	2	22. THEREBY CERTIFY, Ibat attended de	ceased from
6. DATE OF BIRTH (month, day, end year)	1906	I last saw har alive on 200, 197;	death Is said
7. AGE Years Months Deys	If LESS than	to have occurred on the date stated above, et 7 2 2 m.	
	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.		P	
kind of work done, as SPINNER, Raffords SAWYER, BOOKKEEPER, etc. July 10 July		fluismus	
work was done, as SILK MILL, SAW MILL, BANK, etc.	ull		
11. Total time this occupation (month and spent)	(years)		
year) occupation (month and spent)	tion	Other Contributory Causes of importance;	
12. BIRTHPLACE (city or town)		Other Controllery Causes of Importance.	, 1
(State or country)		I when so for	<u> </u>
13. NAME It. Mr. Italy		191	
14. BIRTHPLACE (city or town)		Name of operation	
(State or country)		What test confirmed diagnosis? Wes there an eut	lopsy?
# 15. MAIDEN NAME Ida halle	•	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country)		Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Memoral Hospital		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	- 4	Manner of injury	
Place angusta It. avate Tone	2 / 1903/	Nature of injury	
19. UNDERTAKER M. H. Inc Kee.	/	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Angusta M.	Val	If so, specify	·/
20, FILEO May 25 19 81 As Dog C fram	bein	(Signed)	M. D
The state of the s	Registrar.	(Address) Control	1

-WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis IECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			- 24	

A-	STATE OF MARYLAND	CERTIFICATE OF DEATH 5036
st OF	1. PLACE OF DEATA	CERTIFICATE OF DEATH 5036 Registration Dist. No. 4
S E S	County / Muly M	Registration Dist. No. 4
sho of (Village or City Shaber Cound (If	No. 106 The Alexander St., 4-2 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS ut	Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds
CIA	2. FULL NAME The Vauge Joh	U. S. Veteran, specify WAR
Stat	(a) Residence: No. 136 Hullbricks (Usual place of abdoc)	St. 44 - 2-Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
×	3. SEX Lemale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 5 193 (Year)
sified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Telemen Johnson	22. HEREBY CERTIFY, That I ettended deceased from
X A	1/1/ 1806	11-30-3619/-10 5-5-37,19
ly ate.	6. DATE OF BIRTH (month, day, and year)	I last saw h ; death is sal
stated E properly certificate.	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated bove, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
sta pro ert	8. Trede, profession, or particular	were as follows:
be of	8. Trade, profession, or particular kind of work done, es SPINNER, House duty	(1) Corcus-remains
	9. Industry or business in which work was done, as SILK MILL, Own Hours	
E sl	11. Total time (years) this occupation (month end year)	
oplied. AGE erms, so that instructions of		Other Contributory Causes of Importance:
so ucti	12. BIRTHPLACE (city or town)	Aufperleusson Ersentul yfor
ms, ms,	13. NAME Frederich Buggie	
	14. BIRTHPLACE (city or town) Clearspring	Name of operation
y su ain t See	(State or country)	What test confirmed diagnosis? Physical Elemas there an autopsy?
it.	15. MAIDEN NAME Martha Brown	23. If death was due to external causes (YOLENCE) fill in also the following:
be carefu EATH in 1 important.	16. BIRTHPLACE (city or town) Ballinny	Accident, suicide, or homicide? Date of injury19
ATT POOI	E (State or country)	Where did injury occur?
ADE	17. INFORMANT Ulmer Johnson (Address) / 3 (Frederich Of Colo	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
70	18. BURIAL, CALMATION, OR REMOVAL	Manner of injury
ation s AUSE ION is	Place My 8 , 193.7	Nature of injury
CAUS	19. UNDERTAKER J. A. Duttest (Address)	24. Was disease or injury in any wey related to occupation of deceased?
1	20. FILED May 8, 1937, Dr. J. P. Frankli	(Signed) unus J. Laugslow, M.
	Registrar.	(Addrefs) O. H. W. McCoone) / T. 2411 N. Charles Street Baltimore, Requesting U. S. No. 1.
	if more viantes are necueu, address state Registrat,	2411 IV. Chanes Street Dailmore, Requesting 'U. S. IVO. 1.

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ii	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Allack of epilepsy 1921 Run over by street car July 5, 1927 Perilonilis Other contributory causes of importance:

1. PLACE OF DEATH County Allegans Village or City Currelland Musl Length of residence in city or town where death occurred yrs. 2. FULL NAME On as William	Registration Dist. No. No. Allegan Hashile St., 4 — Ward (If death occurred in a horpist or institution, give its NAME instead of street and number) nos. ds. How long in U.S. If or foreign birth? — yrs. — mos. — ds.
Village or City Curbulated Musl Length of residence in city or town where death occurred yrs.	No. allegues Haspitel St., 4 - Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number)
() - / · O. · O. · (
() - / · O. · O. · (tostos. now tong in 0.5. if we totaldit pittit! hts Mos ds.
	Agus Otto Veteran, specify WAR
(a) Residence: No. 408 Norte Place	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH 22' (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of France Broken	22. I HEREBY CERTIFY. That I attended dacasad from
6. DATE OF BIRTH (month, day, and yaar) Nots 29. 1867	I last saw h Line alive on May 2 2 , 19 3 ; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 3 m.
70 5 23 1 day,	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, atc.	Mareles meuris 1931
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	, , , , , , , , , , , , , , , , , , , ,
TO. Date dacaased last workad at this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Office (State or country)	
Y	- Merescleroseo 1936
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Data of What tast confirmed diagnosis? Was there an autopsy?
×	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Date of injury 19
16. BIRTHPLACE (city or town) (Stata or country)	Where dld injury occur?
17. INFORMANT Mr Harry Juliuson (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA	7 Manner of Injury
Place Swanton Mode May 13192	Nature of injury
19. UNDERTAKER Julius Sley Inc. (Address) Cunter land	24. Was disaase or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	46	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

SIAIL OF MARYLAND	—CERTIFICATE OF DEATH
County allessance WITHIN	CORPORATE LIMITS, Registration Dist. No. 4
Village or City Cuprile Cland Md	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (13 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	mosds. How long in U.S. if of foreign birth?yrsmosds LLV Mey If U.S. Veteran, specify WAR
(a) Residence: No. 416 Lucionia (Usual place of abode)	ULSE 56-6 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5e. If married, widowed, or divorced HUSDAND of (or) WIFE of matheway Kesane	22. I HEREBY CERTIFY, That i attended deceased from 193H, to May 15, 19.37
6. DATE OF BIRTH (month, day, and year) 3 29 1864 7. AGE Years Months Oays If LESS that I day,	I last saw h alive on Francisco 14, 19.37; death is said to have occurred on the date stated above, at 43.9 m.
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Hyportatic Frammaria 5-10
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) While Sulpher spring (State or country)	Other Contributory Causes of importance: A Latelles Intellect 193
13. NAME James moran	
13. NAME MOREN 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diegnosis? Classical Was there an autopsy? A.
15. MAIDEN NAME and Oursels 16. BIRTHPLACE (city or town) (State or country) Relaxed	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Oline Treamers and 4/6 Louiseanes and	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Com. Oate May 17, 19	Manner of Injury
19. UNDERTAKER Jacus Stein Inc.	24. Was disease or injury in eny way related to occupation of deceased?
20. FILEOMay 17, 1937, Dr. J. F. Registrar	(Address) Cumbuland M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

ARGIN RESERVED FOR BINDING

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WINEAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

1	em of infor-
	Sad. Every item of info
DING	AANENT REC
ARGIN RESERVED FOR BINDING	IS IS A PERM
RESERVE	NG INK-TH
ARGIN	WITH UNFADING INK-THIS IS A PERMANENT RECORD
	=

1. PLACE C	F DEATH			(92-0)	039
County A	llegany			Registration Dist. No.	
Village or	City_Me-Coole-		/	NoSt.,_St.,	Ware
Length of re	sidence in city or town where	death occurred	(I) yrsmos	r death occurred in a nospital or institution, give its NAML instead of street and no.	number) osde
			/ 1	If U. S. Veteran, specify WAR	
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 20 (Month) (Day)	, 193.77 (Year)
5e. If married, wido HUSBANO of (or) WIFE of				- 10 10	19.37
	(month, dey, and year) Juliars Months	Days 9	1918 If LESS than 1 day,hrs.	I last saw h alive on	
9. Industry or work w	ession, or particuler work done, as SPINNER, R, BOOKKEPPER, etc	•••••		Myrloguous Fenkennen	Oate of onso
this occ	upation (month and	OCCU	ime (years) nt in this upation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (d (State or co	ity or town) & L untry) Keyser	W. Va.	•	Olici Codinato) Casa di Importante.	
13. NAME	Charles E. K		r		
14. BIRTHPLAC	E (city or town) More			Neme of operation	
15. MAIOEN N	AME Ina.E. Sh	ade		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLAC	E (city or town)Ber		rings	Accident, suicide, or homicide? Oete of Injury	, 19
(Address) T	Chas. E. Kee		. W. Va.	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMA	tion, or removal enspoint Ce			Manner of Injury	
19. UNOERTAKER _ (Address)	N. L. Roger Keyser, W.	s Va.		24. Was disease or injury in any way related to occupation of deceased?	
ma	122 1037000	refer D.	0 7.1	(Signed) M-7V. Makwyll	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I The principal cause of death and related causes leaves of importance were as follows.				Example II		
				The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	11133 77	1007	1015	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	JUN F	700.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	V. S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:			Other contributory causes of importance:		
Gallstones			May 1,1923	Gastroenteritis	1 year	
	Interest to the					

	N-BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO.D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
)	or.D. Every i	HYSICIANS	t statement	ĺ.
DNI	NENT REC	CTLY. P	sified. Exac	
FOR BIND	IS A PERM	stated EXA	properly class	ertificate.
ARGIN RESERVED FOR BINDING	INK-THIS	should be s	it may be I	TION is very important. See instructions on back of certificate.
ARGIN RE	INFADING	pplied. AGE	erms, so that	instructions
	Y, WITH U	carefully su	(H in plain t	ortant. See
9	TE PLAIN	n should be	E OF DEAT	is very imp
V. S. No. 1	N-B-WRI	matio	CAUS	TION

STATE OF MARYLAND	-CERTIFICATE OF BEATH 5040
1. PLACE OF DEATH	- COBATE LIMIT
County Allegany	Registration Dist. No. 4
Village of City Cumberland, Maryland W	Registration Dist. No. 4 No. Memoria & Hospital ST6-6 Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rebecca Keller	If U. S. Veteran, specify WAR
(a) Residence: No. Kitzmiller, Maryland	St., Ward. Kitzmiller Ind.
(Usual place of abode)	nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERYIFICATE OF DEATH
S. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH May 7, (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Richard Keller	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 22. 1867	I last saw h. ex alive on 5 - 7 - 1937 : death is said
7. AGE Years Months Days If LESS than	
69 7 /5 Iday,h	were as follows.
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, HOUSEWORK SAWYER, BOOKKEEPER, etc HOUSEWORK	101 rough epokertis lan
9. Industry or business In which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(mement mom
this occupation (month end spent in this occupation occupation	
12. BIRTHPLACE (city or town) W. Va. (State or country)	Other Contributory Causes of importance:
13. NAME Martin Stemple	
13. NAME Martin Stemple 14. BIRTHPLACE (city or town) Ohio (State or country)	Neme of operation. Neme of operation. Date of
15. MAIDEN NAME Sarah Sanders	What test confirmed diagnosis? And Alexa Was there an autopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Sanders 16. BIRTHPLACE (city or town) W. Va.	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Memorial Hospital	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cumberland, Maryland 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place City Complete Man 10, 19	
19. UNDERTAKER Olle & Straffens	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Bluic Was	If so, specify
20. FILED May 1, 1931. Dr. J. V. Thank	(Address) Cumberland Mr.
	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis , HIN 7 1937	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		

ADDITIONAL SPAC	E FOR FURTHER STA	TEMENIS BI PHISICI	AN

ADDITIONAL COLOR DOD BURDING OF BURDING DY BURNINGS

OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	5041
County Collegary WITHIN CORPOR	RATE LIMITS Registration Dist. No. 4
Village or City Gunberland	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	ds. How long in U. S. if of foreign birth?yrsmosdslf U. S. Veteran, specify WAR
(a) Residence: No. 22 Goone (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 27, 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Currice M. Brachwaite	22. SI HEREBY CERTIFY, That I attended deceased from Sept 15 ,1936, to Muy NJ ,1937
6. DATE OF BIRTH (month, day, and year) Copp. 25, 1837	last saw h em elive on Muy 26, 1937; daath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
80 / Cormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. In worker SAWYER, BOOKKEPPER, etc.	arterio selevores about
9. Industry or business In which work was done, es SILK MILL un Mull SAW MILL, BANK, etc.	(754
10. Date decaasad last worked at 11. Total time (years) spent in this occupation (month and 1992)	
12. BIRTHPLACE (city or town) Cross June trons	Other Coutributory Causes of importance:
(State or country) Let 13. NAME along Letter	7287
13. NAME Clay Lebes 14. BIRTHPLACE (city or town) Cross June Like (State or country)	Name of operation Date of What test confirmed diegnosis? Lolernal Was there an autopsy?
# 15. MAIDEN NAME Sugar Sistangh	23. If death was due to external causes (VIOLENCE) fill In also the following:

MO

16. BIRTHPLACE (city or town) __ \ (State og country)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Addrass) (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of injury

(Signed). (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
11,10,100,000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
MINERAL V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state

PHYSICIANS

stated EXACTLY. properly classified.

certificate.

be

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

AGE should be

Exact statement of OCCUPA-

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH		3	142		
County	allegale	ul	Registration Dist. No.			
Village pr	City Delbe	6	Np. St	Ward		
			death occurred in a hospital or institution, give its NAME instead of street and n	umber)		
Length of res	sidence In city or town where	death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds.		
2. FULL NA	ME	Tuddy	If U. S. Veteran, specify WAR			
(a) Reside	nce: ND.	\mathcal{A}	St., Ward.			
5====		(Usual place of abode)	If nonresident give city or town and	State		
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	100 7		
mace	white	Reco	(Month) (Day)	(Yeer)		
5a. If married, wido HUSBAND of	wed, or divorced		22. / I HEREBY CERTIFY, That I attended of	deceased from		
(or) WIFE of			3/3 19.27 to 5/7	1927		
6. DATE OF BIRTH	(month, day, end year)	ray 3-37	I last saw + Fabrical 5/3 1977	; death is said		
	pars Months	Days If LESS than	to have occurred on the date stated above, at 2-YSP, m.			
		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence			
_ 8. Trade, profe	ession, or particular	101	were es follows:	Date of onset		
	ession, or particular work done, es SPINNER, R, BDDKKEEPER, etc		Varmatul spunter			
9. Industry or	business in which		201200000000000000000000000000000000000			
SAW MI	es done, as SILK MILL, ILL, BANK, etc		Plucella			
	sed lest worked et upation (month and	11. Total time (years) spent in this				
year) _	2 7	occupation	Dther Coutributory Causes of importence:			
12. BIRTHPLACE (d (State or con		s. md				
2 13. NAME 1	Palmat 1	liddes.				
E	2-10	16- 00-8				
	CE (city or town)	go viva	Name of operation Date of			
	//	Valen	What test confirmed diagnosis? Was there en e			
JE	AIIIL / WOOCE //	cipec	23. If death was due to external causes (VIOLENCE) fill in also the following			
_	E (city or town)	oscow. no	Accident, suicide, or homicide? Date of injury	, 19		
(State of	(D) / V	11.	Where did injury occur? (Specify city or town, county and State	e)		
17. INFORMANT	Just 1	raay	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.		
(Address)	TION, OR REMOVAL	mo				
Place.	ainel Hill	Date 6/4 1937	Manner of injury			
11000	h 73	/	Neture of injury			
19. UNDERTAKER	0, 000		24. Was disease or injury In eny way related to occupation of deceased?			
(Address)	Buch	m	If so, specify	1		
20. FILED	, 19		(Signed) W COULD	M. D.		
	••	Registrar.	(Address) // Walling n	1		
	If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I I I I

STATE	OF	MARYI	AND-	CERTIFIC	ATE	OF	DEA	TH
SIAIL	OF	MALL	AIND	CLIVIII	AIL		DEA	

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40	PHYORAVED EA	CARLE HIGH			<u> </u>	
1	County Als	egany	/		Registration Dist. No. 4	
	Village or City	Ocupa	herla		No. 40 6 Selimbra St., 3-	Ward
	Length of residence in o	city or town where d	eeth occurred			
2. 1	FULL NAME	Still	Thesa !	Vidael	If U. S. Veteran, specify WAR	
	(a) Residence: Np.		48		St., Ward.	
	(a) Residence. ND.		(Usuai place	of abode)	If nonresident give city or town and Stat	e
	PERSONAL AN	ND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	? 4. cold	OR OR RACE		RRIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day)	3 / (Year)
H	narried, widowed, or div USBAND of	orced		•	22. I HEREBY CERTIFY. That I attended decr	
((or) WIFE of				19 to May 12	19.37
6. DAT	E OF BIRTH (month, da	ay, and year)		^	t last saw h alive on de	eath is said
7. AGE	Years	Months	Days	LI LESS LITT	to have occurred on the date stated above, atm.	
	0	0	0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
Z 8	. Trade, profession, or particular to the contract of the cont				A A A	
III .	SAWYER, BDDKKE Industry or business i	EPER, etc			- remaining	
UP,	work was done, as SAW MILL, BANK,	SILK MILL,			V	
OCCUPATION	Date deceased last wo this occupation (myear)	orked at	Sp6	time (years) ent in this		
		C	200	4.0	Other Coutributory Causes of importance:	
12. BIF	RTHPLACE (city or town (State or country)) V	\mathcal{O}	and	(Wescarrage - 1) more th	
œ 13	. NAME	Un Do	10101	/	f (2/11/9/4)	
E	. BIRTHPLACE (city or t	The state of the s	y with		Name of operation	
F 14	(State or country)	town)	, " 1.	4	What test confirmed diagnosis?	NO NO
œ 15	. MAIDEN NAME	Doroth	y Kie	lvar	23. If death was due to external causes (VIOL ENCE) fill in also the following:	10), 22.0.0
MOTHER 19	. BIRTHPLACE (city or t	own Meure	Indal	2-1	Accident, suicide, or homicide? Date of Injury	. 19
Σ	(State or country)		Fenns	ylpania	Where did injury occur?	
17. INF	DRMANT (Address)	wood la	o ages	yr, MI	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BU	RIAL, CREMATION, OR	REMOVAL	7		Manner of injury	
	Place		Date	, 19	Nature of injury	. 1
10 114	DERTAKER	1/10			24. Was disease or injury in any way related to occupation of deceased?	Va
13. UN	(Address)	W-Vicen-	~ ~ ~	1	If so, specify	
20. FIL	ED. June 12.	,1937 Do	9.1.7	raublen Registrar.	(Signed) Address) What and Markey	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
N BAC Y	6				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA WITHIN CORPORATE LIMITS.(2) 1. PLACE OF DEATH plnods ALLEGANY County Registration Dist. No. Village or City, (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?_____yrs.____mos. Length of residence in city or town where death occurred CLEMENT 2. FULL NAME If U. S. Veteran, specify WAR 508 MARYLAND (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) MALE MARKIED (Month) (Day) (Year) EXACT 5a. If married, widowed, or divorced HUSBAND of CERTIFY. Mat I attended decaased from (or) WIFE of MAY GINEVAN certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE to have occurred on the data stated above, at 4:25 A Months If LESS than Days stated 1 day, hrs. 31 The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.____ back may plnods 10. Date deceased last worked at-11. Total time (years) this occupation (month and spent in this that instructions occupation ... 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or tow (State or country) should be carefully MOTHER ANN important. 15. MAIDEN NAME ï. 23. If death was dua to external gauses (VIOLENCE) fill in also tha following Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town (State or country) Whare did injury occur? (Specify city or town, county and State) HOSPITAL Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE I7. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related eauses of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis . CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
RUMEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 50	5044	DEATH	OF	F MARYLAND—CERTIFICATE	STATE OF
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1. PLACE OF DEATH		(b)-a)	
County Allegany	WITHIN COR	PORATE LIMITS. Registration Dist. No.	+
Village or City Cumberla		No. 309 Laing Ave	6-4 Ward
Length of residence in city or town where		osds. How long in U.S. if of foreign birth?yrsyrs.	
2. FULL NAME onfar	A dayman	J . If U. S. Veteran, specify WAR	
(a) Residence: No. Cumbe	erland. (dd	≈, 6-4/ward.	,
	(Usual place of abode)	If nonresident give city or town a	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
male 4. color or Bace	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22.// I HEREBO CERTIFY, That I attende	
6. DATE OF BIRTH (month, day, and yeer)	May 18.1937	i last saw ham alive on May 18 7,1927	
7. AGE Years Months	Days If LESS than I day 17hrs	to have occurred on the date stated above the state of the PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Melectary.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		/ Yuman	1 day
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	Md	Other Contributory Causes of importance:	
	man	- Ashlina	
13. NAME Argil Lay 14. BIRTHPLACE (city or town) (State or country)	Wva	Name of operation Date of Date of Date of What test confirmed diagnosis? Was there a	
15. MAIDEN NAME Beatrice	Wisenburg	23. If death was due to external causes (VIOLENCE) fill in elso the follow	
15. MAIDEN NAME Beatrice 16. BIRTHPLACE (city or town)	Md	Accident, suicide, or homicide? 10 Date of injury	
(State or country)		Where did injury occur?	
17. INFORMANT Argil I (Address) CumberI	Layman Land. Md	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	itate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlaceMtZion,-Md	Date May 20, 119 37	Manner of injury	
19. UNDERTAKER John . C . !!	lolford	24. Was disease or injury in eny way related to occupetion of deceased?	
20. FILED May 19, 1937. Dr	J. P. Frankle	(Signed) Wilson (Address) Culculand . L.	M, C
1	Registrar.	** (Addison)	
If more	viantes are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis JUN 7 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Separate Control State Control				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	ACE FOR FURT	CHER STATEMEN	to bi illibidian

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-D. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5045
1. PLACE OF DEATH	
County alleganes 1	Registration Dist. No.
Village or City Trouble of Will	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many Lif ayma	If U. S. Veteran, specify WAR
(a) Residence: No.	d.St., Ward.
(Usual place of place) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 5 - 2 0 - 37 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jahn 7 Layman	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 16-1845	I last saw h L elive on S 18 37, 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 m.
91 \(\frac{1}{4} \) \(The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
2 Trade profession or particular	arterior clerotis Heport Disens Date of onset
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country)	Chrosi Baseaud Hallbladels
E Contraction of the second of	
(State of country)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Surany & ayyman (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR RAMENAL Med Small 3 3 3 3	Manner of injury
Place Tracking Mr. Date May 25, 1937	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5-23, 1937 Mrs. a.R. Halkey	(Signed) W- alfad m Com M. D.
Registrar.	* (Address) II Address

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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4	WITH
	LY,

AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

TION is very important. See instructions on back of certificate.

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CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLA

AD. Every item of infor-

Exact statement of OCCUPA-

CTATE OF MADVI AND CEDTIFICATE OF DEATH

50146

1. PLACE OF DEATH		ILAND	130 IMITS.	9
County Allegany			Registration Dist. No. 4	4
Village or City Cumber	land. M	d WITHIN	Registration Dist. No. No. 623. Balt 1 more Ave F, 5 I death occurred in a hospital or institution, give its NAME instead of street and its balt of the course of the co	
2. FULL NAME Margare	t.Leasu land. M	re d	If U. S. Veteran, specify WAR	********
BEDGONAL AND STATIST	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH May . 2 . 1937 (Month) (Day)	., 193
(or) WIFE of	ith	7.066	22. I HEREBY CERTIFY, That I attended 22. I 3 ,1937, to may 2	` ` `
6. DATE OF BIRTH (month, day, end yeer)	Mar 10.	1862	I lest saw here alive on 2007 1937	_; death is said
7. AGE Years Months 75.	Days 21	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 6.55 mm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	At Home		Chrone Inyocarditis	/733
10. Date deceased last worked at this occupation (month end year)	sp(time (years) ent in this cupation	Other Contributory Causes of importance:	-
12. BIRTHPLACE (city or town) (State or country)		Pa	atteriosclerosis	1931
Harrison. 13. NAME Harrison. 14. BIRTHPLACE (city or town)	Pa		Name of operation Date of What test confirmed diagnosis? Wes there an	
15. MAIDEN NAME Alinda. 16. BIRTHPLACE (city or town) (State or country) Mrs Rose. W	P	a	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	, 19 te)
18. BURIAL, CREMATION, OR REMOVAL PlaceGreenMount	rland.		Manner of injury	
19. UNDERTAKER (Address) Cumberlan 20. FILED 20. FIL		rankl Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)	M. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 7 1987	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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(Addrass)

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH plnous County Allegany Registration Dist. No. Village or City Westernport NO.____St.,

(If death occurred in a horpital or institution, give its NAME instead of street and number) (It death occurred in a hospital or institution, give its NAME, instead of street and number)

Tength of residence in city or town where death occurred_____yrs.______ds. How long in U.S. If of foreign birth?______mos._____ds. statement PHYSICIAN 2. FULL NAME Joseph A. Lennan If U. S. Veteran, specify WAR_____ Railroad (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word) Male White Married classified. 5a. If married, widowed, or divorced AC HUSBAND of HEREBY CERTIFY. That I attended dacaasad from (or) WIFE of Catharin Lennan EX certificate. 6. DATE OF BIRTH (month, day, and year) March 4th. 1853 properly 7. AGE. **Yaars** Months Days If LESS than to have occurred on the date stated above at ... 1 day, _____hrs. 24 84 or____min. 8. Trede, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. pe 9. Industry or businass In which work was done, es SILK MILL, SAW MILL, BANK, etc..... it may pinous Retired 10. Date daceasad last worked at no 11. Total time (yaars) this occupation (month and spent in this AGE so that instructions occupation ... Other Contributory Causes of Importance: 12. BIRTHPLACE (In ... In land (Stata or country) Mayo County supplied. in plain terms, FATHER 13. NAME Michae Lennan See Irland Neme of operation... 14. BIRTHPLACE (city or town) (State or country) carefully MOTHER 15. MAIDEN NAME Marv important CAUSE OF DEATH 16. BIRTHPLACE (city or town). (State or country) Mayo Where did injury occur?_____ pe 17. INFORMANT Miss Anna Lennan plnoys Westernport, Md. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury ... Md. Date May 28 19 3 Neture of Injury TION

The PRINCIPAL CAUSE OF DEATH end related causes of importance Date of onset What tast confirmed diagnosis? Physical Signs Was there an autopsy? No. 23. If death wes due to external causes (VIOLENCE) fill in elso tha following: Accident, sulcide, or homicide?______ Date of injury______ 19. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disaase or injury in any wey related to occupation of daceasad?___, 19 UNDERTAKER Joseph A. Hannon Piedmont If so, specify 20, FILED May 27, 193 Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause o of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	.明和 7 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:	ا	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			* · · · · · · · · · · · · · · · · · · ·	
			*	

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1	County allegany		<u> </u>	2)	Registration	Dist. No.	1
	Village or City Prostlying,	Mid.	No			St.,	
	Longth of socidence is situated as the second	(1	f death occurred in a hospita	l or institution	on, give its NAMI	E instead of street a	nd number)
	Length of residence in city or town where death oc	curradyrs,mos	ds. How long in	U.S. if of	foreign birth?	угѕ	mos
2	- FULL NAME MISCALLO	ge deon	ard				
	(a) Residence: No. trostluu	291 Mes.	St.,Ward.	23:5	719 919114	. L. Will ste sur reserve	
-		Janal place of abode)	MEDIC	241 05		give city or town	
3 (PERSONAL AND STATISTICAL SEX 4. COLOR OR RACE 5. SIN				RTIFICATE	OF DEATH	1
J	I COLOR OIL MICH	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DE	AIH	5-	25	7
F.					(Month)	(Day)	, 193/ (Yea
Ja.	If married, widowed, or divorced HUSBAND of		22. I HER	PERV	CERTIE	Y, That I attend	and doses - 1
	(or) WIFE of		1			Y, Inat I attend	
6. I	DATE OF BIRTH (month, day, and year)	-25-37	I last saw h alij				
	AGE Years Months	Days If LESS than	to have occurred on the				, ucatii i
	2	1 day,hrs.	The PRINCIPAL CAUSE				
-1	8. Trade, profession, or particular	ormin.	were as follows:				Date of
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEREER, etc.		1				
PAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			-			
2				0			
00	10. Date deceased last worked at this occupation (month and	11. Total tima (years) spant in this	~	7	/		
	year)	occupation	Other Contributory Cause	es of import	ando.		
12.	BIRTHPLACE (city or town) trastluce	og incd.		or import	1		
~]	(State or country)				4		
HER	13. NAME Wow S. Leous	red.			9		
ATI	14. BIRTHPLACE (city or town) _ Coupleil	uce Pa.	Name of operation		20	Date o	f
24	(Stata or country)	1	What test confirmed diag	nosis?		Was there	an autopsy?
HER	15. MAIOEN NAME Quindled Sy	neth	23. If death was dua to ext				
MOTHER	16. BIRTHPLACE (city or town) Mt. Sov.	ege, Tud.	Accident, suicide, or hom				4
Σ	(State or country)		Where did Injury occur?_				
17.	INFORMANT Mollie -		Specify whether injury oc	curred in I	NDUSTRY, in HO	town, county and : ME, or in PUBLIC	PLACE.
	(Address)						
18.	BURIAL CREMATION, DR REMOVAL	1211	Manner of injury				
	Place Fraseling had Date	, 19.5 /	Nature of injury				
19.	UNDERTAKER		24. Was disease or injury				
	(Address)		If so, specify		-1 A	1 4-0	
20	FILED 6 - 2, 19 37 Mrs	A. R. SNacker	(Signed)	1	Call	elel	
-0.	, 1	Registrar.	(Address)	71	setten	ra, Wes	d.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- Anna	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy .	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
		RECE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The said	

STATE OF MARYLAND-C	ERTIFICATE	OF DEATH
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Length of residence in elly or town where death occurred. 3 yrs	1. PLACE OF DEATH	- FF 5048
Length of residence in city or town where degth occurred. 2 yrs. no. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If of foreign birth? Yrs.	County alleghany	Registration Dist. No.
Length of residence in city or town where death occurred. J. yrs		
2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Usual place of abody PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DVOSICED (which wordy displayed) (b) All married, widowed, or divorced (19) May 9 - 1937 (c) Il married, widowed, or divorced (19) May 9 - 1937 (c) Il the Reby Certificate of Death May 9 - 1937 (rear) 13. List saw h		
(a) Residence: No. Consideration May Personal In nonresident give city or town and State	n cof le 1	ds. The foliage bitter - yis.
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53. If married, widowed, or divorced HUSBAND of Jet June 1 State of Corp. WiFe of HUSBAND of Jet June 1 State of Corp. WiFe of HUSBAND of Jet June 1 State of Contributory Causes of Importance. 43. Trade. Years Months: Day I HuESS than I day. A.hrs. or		, 193
HUSBAND of Act of Many and year) 6. DATE OF BIRTH (momb, day, and year) 7. AGE Years Months Day If LESS than I day, hrs. or minin, and the day of the date stated above, at Act or min. 8. Trade, profession, or particular or min. 9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPA	5a. If married, widowed, or divorced	(Month) (Day) (Year)
6. DATE OF BIRTH (wonth, day, and year) 7. AGE Years Months Jay Jists saw h. alive on. 19. 109. 11 last saw h. alive on. 19. 109. 10 death is s. to have occurred on the date stated above, at 1. 5 ft. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 10 Jay 1	HUSBAND of A/ A	22. I HEREBY CERTIFY, That I attended deceased from
TAGE Years Months, Days II LESS than I day, hrs. or min. 8. Trade, profession, or particular or min. 8. Trade, profession, or particular or min. 9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: When the control of the date stated above, at \$\frac{1}{2} \frac{1}{2} \frac{1}{2	The of Januara, magniaer	, 19, to, 19, 19
8. Trada, profession, or particular kind of work doma, as SPINNER, SAWYER, BONKEPER, etc. 9. Industry or business in which work as done, as SPINNER, SAWYER, BONKEPER, etc. 10. Date deceased last worked at this occupation (month and 1937) and the specific occupation (state or country) 12. BIRTHPLACE (city or town)		
8. Trada, profession, or particular kind of work done, as SPINNER, SANYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SANYER, BOOKKEPER, etc. 11. Total time (years) for the securation which work was done, as SILK MILL, SANHL, BAK, etc. 12. BIRTHPLACE (city or town). 13. NAME JAME JAME JAME JAME JAME JAME JAME J	,	
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19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If se, specify (Signed)		Manner of injury
(Address) Santon MA If se, specify A Branches	Place Layella My Date May 10, 193	Nature of injury
(Address) Gaston, Ma. If se, specify A Bora class	10 HADEDTAVED D. A Gaal	24. Was disease or injury in any way related to occupation of deceased?
20 EUED May 10 1037 S. C. Bonce he (Signed) D. a. 13 on cher M		
WILLIAM VVIAM III III III III III III III III III	10 10 10 10 10 10 10 10 10 10 10 10 10 1	(Signed) D. a. 13 m cher M. D
Registrar. (Address) Bartin Ind		(Address) Barton Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state. Exact statement of OCCUPA-

STATE C)F	MARYL	AND-	CERTI	FICAT	E OF	DEAT	H
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	0149
1. PLACE OF DEATH	(82-0)
County Calleguancy.	Registration Dist. No.
Village or City Frostburg	No. 2 Mf. Please fr. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4 yrsmos.	
2. FULL NAME Colla Francis Me	ille.
(a) Residence: No. 2 Int. Pleasant	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 27 193
Sa. If married, widowed or divorced	. (MUILID) (Day) (Tear)
HUSBAND of Web. W Mills	22. I HEREBY CERTIFY. That I attended deceased from 1930, 19 , to May 27 , 1937
6. DATE OF BIRTH (month, day, and year) aug 1869	I last saw her alive on man 36, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
67 9 20 I day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset Servery
SAWYER, BUUNKEEPER, etc.	pyperlensus years
9. Industry or business in which work was done, as SILK MILL,	(///
	Primary cause: Cerebral hemorroage. Que 18
this occupation (month and yaar) spant in this occupation	Several successore transmirages; sixtomanthe durations
12. BIRTHPLACE (city or town). Greensburg Pa	Other Contributory Causes of importance:
(State ar country)	1935
13. NAME Jerry Elay Mc Henrie	
13. NAME Jenny Clay Mc Hangie	Name of operation Date of
(State of Country)	What test confirmed diagnosis Land Was there an autopsy?
15. MAIDEN NAME Lacy Gnn Hight. 16. BIRTHPLACE (city er town) Hont Amount. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city er town). Hont Andors	Accident, sulcide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Musel Milla- in	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 2 moto fleasurate	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Claghany Contrate 3/27 195/	Nature of injury
19. UNDERTAKER Jacob Hafer	24. Was disease ar injury in any way related to occupation of deceased?
(Address) 1 Frostlenda 744	If so, specify
20. FILED May 29, 19.37 Man Ofmarky	(Signed) Wom famely M. D.
20. FILED Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. Mo. 1

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones CAUV. S.	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

D. Every item of infor-

See instructions on back of certificate.

TION is very important.

DR. DURRETT

-WRITE PL

V. S. No. 1 N. B.

,	County	TH ALLEGANY UMBERLAND	WITH , MD•	MEMORI	Registration Dist. No. Registration Dist. No. ALL NO. Registration Dist. No. St. death occurred in a horpital or institution, give its NAME instead of street and no. ds. How long in U.S. it of foreign birth? yrs mos		
	(a) Residence: No		(Usual place	of abode)	If nonresident give city or town and a	State	
	PERSONAL AN	ID STATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
5a. If r		HITE		RIED, WIDOWED, O (write the word) RIED	22. I HEREBY CERTIFY, That I strondad of	193 / (Year)	
6. DAT	E OF BIRTH (month, day	v end vear) SEP	T.IO	1891	I last saw helive on	: death is said	
7. AGE	Years	Months 8	Days 17	II LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset	
PATION	i. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE Industry or business In work was done, es S SAW MILL, BANK, a Date deceased last wor this occupation (moryear)	es SPINNER, BA EPER, etc	spen	me (years) it in this pation	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) MARYT, AND (State or country)			AND		Seaveday avacua	P wka	
E 13	NAME JOHN	MINNICKS			1	12	
13. NAME JOHN MINNICKS 14. BIRTHPLACE (city or town)————————————————————————————————————				VIA	Name of operetion Date of What test confirmed diagnosis? Was there an autopsy?		
15	. MAIDEN NAME	ELIZABETH	RICE		23. II death was due to external causes (VIOLENCE) fill in also the Iollowing		
~	SIRTHPLACE (city or to (State or country)	T MARYI	AND	1/D	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specily whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLA	·)	
	(Address) RIAL, CREMATION, OR R Place And Ha	REMOVAL CERNI	VE nay	CUMBERLAN 30 ,1937	Manner ol injury		
19. UN 20. FIL	DERTAKER Long (Address) ED May 29.	Stein of	Ine land	Franklin	24. Was disease or injury in any way related to occupation of deceased?	M. D.	
		1	,	Registrar.	(Address) Cultural and	$\sim \rho$	

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Example I	- 1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

UPA.	1. PLACE OF DEATH	MARTLAND	CERTIFICATE OF DEATH	5051
0000	County Military		HIN CORPORATE LINGITISTION Dist. No.	4
0 10	Village or City	and the land	No. 527 Grassfand and	6-1 Ward
			death occurred in a hospital or institution, give its NAME instead of street	
1	Length of residence In city or town where deat	h occurred 9 6 yrsmos	ds. How long In U.S. if of foreign birth?yrs	mosds.
	2. FULL NAME (Agres) (2)	(ACT 15 15 15 15 15 15 15 15 15 15 15 15 15	If U. S. Veteran, specify WAR	
	(a) Residence: No. 527	(Usual place of abode)	81. 6- Ward	and State
	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEAT	
*		SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	finale white	OR DIVORCED (write the word)	(Month) (Day)	, 193
	5a. If married, widowed, or divorced HUSBANO of	0		
	(or) WIFE of John / Hen	ry morris	22. HEREBY CERTIFY, That lette	nded deceased from
	6. DATE OF BIRTH (month, day, and year)	00 - 11 1880	- marie al	37; death Is said
	7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at	
	56 8	28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1
	2 Trade profession or particular	, ,	Crebral News rhage	Oate of onset
1	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mente	Chroni Hopertenno	1930
	work wes done, es SILK MILL,	of Home	Cluona He pluits	1935
THE PERSON	O NO Date deceased last worked at	11. Total time (years)		
	this occupetion (month end year)	spent in this occupation		
	12. BIRTHPLACE (city or town). Commo	terland o	Other Centributery Causes of importance:	200 w
	(State or country)	md.		
	13. NAME John A 12	ormo		
	14. BIRTHPLACE (city or town)	a.	Neme of operation Oate	of
	(State or country)	2 /	Whet test confirmed diagnosis? Was ther	e an autopsy? Zw
	15. MAIDEN NAME Stire le	aper	23. If death was due to external ceuses (VIOLENCE) fill in elso the followed	•
-	16. BIRTHPLACE (city or town) (State or country)	ml.	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 19
	Col., Con		(Specify city or town, county an Specify whether injury occurred in INOUSTRY, in HOME, or in PUBL	d State)
-	17. INFORMANT (Address)	Wand -	openly whether injury occurred in two outer, in now, of in 1 out.	o TENOL.
	18. BURIAL, CREMATION, OR REMOVAL	10	Menner of Injury	
- Contraction	Place Villerial Co	The my 17, 193/	Neture of injury	
	19. UNDERTAKER Amis Stern	I Inc.	24. Was disease or injury In any way related to occupation of decease	d?
	(Address) Lambs	stand	If so, specify	·
	20, FILEO May 11, 1937, Dr	. I. P. Frankel	(Signed) (Signed)	M. D.
100	1	Registrar.	(Address) /3 /a /// ///	eraul m

5051 ME instead of street and number)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	REC
BINDING	PERMANENT
OR	A
F	IS
ARGIN RESERVED FOR BINDING	LY, WITH UNFADING INK-THIS IS A PERMANENT REC
	WITH
	LY,

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-C	ERTIFICATE OF	DEATH
---------------------	---------------	-------

1. PLACE O	F DEATH		IN CORFO	PATE LIMITS. 5052
County	Allegany	WITH	III Com	Registration Dist. No. 4
Village or C	ity Cumber	rland	(If	No. 213 Fayette St., 1 > Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of resi	idence in city or town where	e death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NA	ME Edward	Ramey N	eff	If U. S. Veteran, specify WAR
(a) Residen	ce: No. 213	Fayette (Usual place of		St., Ward. If nonresident give city or town and State
PERSON	IAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DATE OF DEATH May (Month) (Oav) (Year)
5e. If merried, widow HUSBANO of	red, or divorced			
(or) WIFE of	Je	ennie Nef	f	22. I HEREBY CERTIFY, Thet I ettended deceased from May 79, 1937, to May 79, 1937.
	(month, day, and year)	July 10.		I last saw h Line elive on my 79 , 1927; death is seid
7. AGE Yea		Oeys	If LESS than	to have occurred on the date stated above, atm.
7	1 10	19	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: Date of onget The principal cause of importence Date of onget The principal cause of importence Date of onget The principal cause of importence
9 Industry or work wa SAW MII 10. Oate decess this occurrence year)	work done, as SPINNERO, BOOKKEEPER, etc. business in which s done, as SILK MILL, CLL, BANK, etc. led last worked at pation (month and 5 / 3)	ity of Cu 11. Total tin 0/37 occu	mberland	1497
12. BIRTHPLACE (ci	ity or town) Fre	West Vi	nainia	augury Perton Trug
	Hiram A.		rginia	
14. BIRTHPLACE	E (city or town) W		. 8	Name of operation Date of What test confirmed diagnosis? Was there en eulopsy?
置 15. MAIOEN NA	ME Margare	t Ramev		23. If death was due to externel causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Margaret Ramey 16. BIRTHPLACE (city or town) Winchester (Stete or country) Virginia				Accident, suicide, or homicide?
17. INFORMANT Thos. Neff (Address) 213 Fayette St., City			ty	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
	TION, OR REMOVAL e Hill Cem	Date Jur	ne 2, 19 37	Manner of Injury
19. UNDERTAKER G. S. Butler (Address) Cumberland, Maryland			nd	24. Was disease or injury in eny wey related to occupation of deceased?
20. FILEO Jun	e 1, 19 37 D	r.J.P.Frs	nklin	(Signed) M. [(Address) Succeptible put

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5053
County Alagany Correct Are Limity Village or City Town where death occurred yrs. / mos.	Registration Dist. No. ND. Pures Hospital St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos ds.
2. FULL NAME & dwald D. Pagle (a) Residence: No. Dwaldand (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 25th (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clizabeth Shell	22. A HEREBY CERTIFY, That I ettended deceased from april 15 3 1937, to may 25 4 1937
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS then I day,hrs.	to have occurred on the dete steted above, at \$.25 A .m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	Chronic myocarlity + Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. IO. Date deceased last worked at this occupation (month and year) The deceased last worked at this occupation (month and year) The deceased last worked at this occupation (month and year)	avitie aneurysm 4/15/37
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Say Degly 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(Stele of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT MASS Licelette of age	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 1 LUGALLY Constitution 1/2 ay 27937	Menner of injury
19. UNDERTAKER IN Cichheruf (Address) Conaconing mo	24. Was disease or injury in any way related to occupetion of deceased?
20, FILED 5- 26 19.37 ms. a. R. Walker	(Signed) M. An Courum M. D.

Registrar

(Address) midland

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Example I			Example II		
The principal cause of of importance were as f	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	WEST OF THE STATE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	tis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 9 193?	July 5,1927	Peritonitis	3 days ago	
7 9 9	BUREAU V. S.				
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5840
1. PLACE OF DEATH	48)
County allegany	Registration Dist. No.
Village or City Floothing und	No. 20 2400 St., Ward death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Lavery 14 ay Passare	If U.S. Veteran specify WAR
(a) Residence: No. 20 Hill	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIÉD, WIDOWED, A	21. DATE OF DEATH
Female White OR DIVORCED (where the word)	- January 30, 1937, (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tuse Passarell	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF BIRTH (1991) THA 244 5 5 1091	I last saw h a alive on 2 4 192.7 : death is said
7. AGE Years Months Dy If LESS than	to have occurred on the date stated above, at 6 30 pm.
41 1 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
SAWYER, BOOKKEEPER, etc.	Caramona of Cerry 1935
9. Industry or business in which work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.	and uting
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Human borg & 3um
	- Cyclassian
I II	ant dut- 1677
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LOVERN MALLY 9, alo	23 If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lavern May Esle	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Caron Blance (Address) 20 Hell Frankling Tool	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Muchalla Date June 26, 1937	Nature of injury
19. UNDERTAKER acological (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 21., 1937 Day Marley Resistrary	(Signed) Han Selleman M. D. (Address) H James Solumber M. D.
nin a.	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1 44 2 100	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

18 3 00 0 Cm

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5054
1. PLACE OF DEATH	0007
2000	46-8
County allegary	Registration Dist. No.
Village or City Full Claude	No. 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 45rs	death occurred the a norphiat of institution, give its NAIVE, instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos ds.
a co to	
2. FULL NAME Glorge Coloworth of	earce minus on a last
(a) Residence: No. UZ 1 & Ulicon	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male while married	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(nom)
HUSBAND of Cor Wife of Julia Walker Pearce	22. HEREBY CERTIFY, That I attended deceased from
Jan Wood Harry State Co	- Chang / 1936, to Con any 18 , 193?
6. DATE OF BIRTH (month, day, and year) War 31, 1861	I last saw have alive on (4 4 7 /7 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 1-30 9m.
76 1 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of impartance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, Arragust	(asterma 9 101-
9. Industry or business in which work was done as SILK MILL	Che 11965 Xily
work was done, as SILK MILL, And Slore	Primarile al livel of the
11. Otal time (years)	Trumpy careedons of lever! Cutil
year) Que 193 occupation, 4	Duration: linknown
12. BIRTHPLACE (circor town) Louaconing	Other Coutributory Causes of importance:
(State or country)	(German & A
# 13. NAME Woll Peace	
E	
(State or country)	Name of operation Oate of
	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Sarah Omor	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17, INFORMANT Cartles Shohocks.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Fustowy (WC)	
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place maskegany Cem Oate May 19, 1937	Nature of Injury
A self blide :	24. Was disease or injury In ony way related to occupation of deceased?
19. UNOERTAKER (Address) And Indiana Continuation (Address)	If so, specify
and.	11000000
20. FILEO May 19, 193) Myay & Marley	(Signed) The signed M.D.
Legistrar,	(Address)

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 3 1937	July 5,1927	Peritonitis "	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Castroenteritis	1 year
		{1		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-LALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING ARGIN RESERVED -WRITE PLA

V. S. No. 1

z

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	207700 5055
County allegans HIN CORPORATE	LIMITE Registration Dist. No.
Village or City Combuland and	No. The B4 St., 6-/ Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jaseph Suy Ja	Lings U. S. Veteran, specify WAR
(a) Residence: No. 2 3 An Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SMORE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white married	(Month) (Day) (Yeaf)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) Will of Lucy Jumbro 1880	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Now 22/18/8/6	I last saw h; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
56 7FU 6 1777 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Fractives & Rull,
Industry or business in which	Brillian at Inflinited
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town) Romers, West Va	Other Contributory Causes of importance:
(State or country)	
13. NAME Jaseph Joling	
13. NAME 14. BIRTHPLACE city or town) 15. City or town 16. City or town 17. City or town 18. City or town 19. City	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? Plea
I 15. MAIDEN NAME mareyet quitherm	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mareyeth Juthers 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Accident Date of Injury 5 122, 1931. Where did Injury occur? Accuse 4
man and the the	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT MAS (Address) midlend mel.	openly whether injury occurred in industria, in front, or in robert perce.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury 670 A.A.
Place Tremarukest Vane May 23, 1937	Nature of injury
19 UNDERTAKER Laurs Stein Inc.	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Cumbelland md.	If so, specify
20. FILED May 24, 1937 An. Jos. B. Franklin Registrar.	(Signed) The Goules and Charmo. (Address) Charles Dud
	N. C. A. C. D. L. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II				
The principal cause of death and related causes of importance were as follows: 7 1937	Date of onset	The principal cause of death and related causes of importance were as follows:	,			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis KILLEAL V. S.	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
		· · · · · · · · · · · · · · · · · · ·	- :			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITION.	AL SP	ACE	FOR	F	URTHER	STATEM	ENTS	BY	PHYS	SICIA	IN	
		-		_		40		wite	- 10	75%	400	

Authorization	TO	change	date	OI	birth:	Tetter	litea	under	raulinaii.	1/0/00	MILL

	-CERTIFICATE OF DEATH 5056
1. PLACE OF DEATH	(31)
County Allegany,	Registration Dist. No. Q
Village or City Laplacerying WITH	No. St., Wal
Length of residence in city or own where death occurred	
2. FULL NAME Pulliam Pollink	If U. S. Veteran, specify WAR
(a) Residence: No. Lanaconing Hands	Rambst. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIGULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male White married	21. DATE OF DEATH May (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of and American Gardner	22. I HEREBY CERTIFY, That I ettended deceased from Maurin 1936 to brane 9 17 1937
6. DATE OF BIRTH (month, day, and yeer) Sec. 19: 1858	I last saw have alive on say 9 1937; deeth is sa
7. AGE Years Months Days if LESS than	to have occurred on the dete stated above, at
78 4 19 1 day,hr	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
8. Trade, professión, or particular kind of work done, as SPINNER, Aunus	Chronic nephritis Date of ons
Mork was done, as SILK MILL, Eval Phines SAW MILL, BANK, etc.	
10. Date decessed last worked at this occupation (month and yeer) occupation	
12. BIRTHPLACE (city or town) Scuttand (State or country)	Other Contributory Causes of importance:
	_
	Name of a section
14. BIRTHPLACE (city or town). Scotland (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an eutopsy? Land
15. MAIDEN NAME Mary Laird	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Masy aird 16. BIRTHPLACE (city or town) - F	Accident, suicide, or homicide?
S (Stete or country) Scottand	Where did injury occur?
17. INFORMANT AVIN Palfoch (Address) Hannalstown, Pa.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIACE QUEL Hell Center poate July 10, 193	Manner of injury
19. UNDERTAKER M. Sichhoru (Address)	24. Was disease or injury in any way releted to occupation of deceased? Pr
20. FILESTAY 10 , 137 No. 2. Od for	(Signed) Henry in Hodgin M.
/ Registrar.	(Address) Longertannof f. M.A., 17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	G 1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

	REC
BINDING	WITH UNFADING INK-THIS IS A PERMANENT REC
X	A
<u>-</u>	IS
ESERVED	INK-THIS
LARGIN RESERVED FOR BINDING	UNFADING
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should state

PHYSICIANS

AGE should be stated EXACTLY.

mation should be carefully supplied.

properly classified.

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certificate.

AD. Every item of infor-

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1.

PLACE OF DEATH	(93-0)
County Ellerann	Registration Dist. No.
Village or City E Short Md	NoSt.,War
	eath occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whera death occurred yrs	ds. How long in U.S. if of foreign birth?yrsmosd
FULL NAME James Cofeet In	If U. S. Veteran, specify WAR
(a) Residence: No. Echhart U.S.	St., Ward.
	If nonresident give gits or town and State

5057

(a) Residence: No.	phast (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DEORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yes
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of		I HEREBY CERTIFY. That I attended deceased
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	I last saw h
69 /	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Releved Continues 11. Total time (years) spent in this 25 years occupation 25 years	Data of Carlos
12. BIRTHPLACE (city or town) (Stata or country)	and only my	Other Contributary Causes of importance:
13. NAME alex	Pherry	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	n kn	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	hann kanner	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass)	har- met	- Opening whether in the board
18. BURIAL, CREMATION, OR REMOVAL Place - Chart-M	4. Date May 17, 1937	Manner of injury
19. UNDERTAKER	Durch !	24. Was disease or impry in any way related to occupation of deceased?

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

B.—WRITE PL.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I		Example II				
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	SECFIVED	1915	Attack of epilepsy	1 week ago			
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	JHN 3 1937	July 5,1927	Peritonitis	3 days ago			
	BUREAU V. S.						
Other contributory	causes of importance:		Other contributory causes of importance:				
Gallstones		May 1,1923	Gastroenteritis	1 year			

ADDITIONAL	SPACE I	FOR.	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 5058
1. PLACE OF DEATH	(BI)
County Allegany.	Registration Dist. No. 4
Village or City Comberland.	No. 412 South St., 6-6 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign blrth? \(\begin{align*} \mathcal{L} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2. FULL NAME Stephen, Ratke	If U. S. Veteran, specify WAR
(a) Residence: No. 412 South	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, 0. DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angusta Britankini	22. I HEREBY CERTIFY, That I attended deceased from 1127 129 137 109 109 109 109 109 109 109 10
6. DATE OF BIRTH (month, day, and year) Och 13 1858	l last saw h alive on Transfer 1957; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . S P m.
78 7 18 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Vascular Xisaa
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	Chronic suphrites 1837
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
W 13. NAME Rather	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME MARINE	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Emmed Rattlee (Address)	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL) Place 15 Sturb Paris Greate price 3, 1937	Manner of InjuryNature of injury
19. UNDERTAKER Transo Sterny One - (Address)	24. Was disease or injury in any way related to occupation of deceasad?
20. FILED June 4, 1927 Do. J. P. Franklin Registrar.	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The second section of the second seco	3 9			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5059
1. PLACE OF DEATH	
County allegany MITHIN CORPO	REGISTRATION DIST. No. 4
Village or City Cumberland	ND. Called any Hartel St., M- Ward death occurred in a hopoital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Marthy Reed	If U. S. Veteran, specify WAR.
0 / 1 1 2/ 3/	. /
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DYORCED (write the word) Marriel Marriel OR DYORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
5e. If married, widowed, or diversed MUSBAND of Edgar Reed (A) WIFE of Edgar Reed	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dev. end year) Program Vo. 1917	Hast saw har alive on Mac 1, 28 1932 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 1. Pm.
20 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular	Berelouiles-luberoular Men 193,
SAWYER, BDDKKEEPER, etc.	Celuic appeal ; puerperal ouga
9. Industry or business in which work was done, es SILK MILL, Quin hours	miscarriage, april, 1937. Small amount of
11. Total time (years) this occupation (month and land 1937 spent in this (7 Min	retained. Flacental tissue termoreds
year) occupation 12. BIRTHPLACE (city or town) Calaires.	Other Contributory Causes of importance:
(State or country) Hest Virginia	
13. NAME Samson Dolly	
14, BIRTHPLACE (city or town) Cakings.	Name of operation Scaleric Charles drawed 5: 47-3)
(State or country) Hest Virginia	What test confirmed diagnosis? Attendaments Was there en autopsy? MAC
15. MAIDEN NAME Rebecca Self	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) / Ketterman	Accident, suicide, or homicide? Date of injury, 19
(State or country) Hist. Virginia	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Edwin Dolly (Address) Cabins, West Virginia	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placed. S. Dollys Farm Date May 30, 1937	Manner of Injury
19. UNDERTAKER Edwin Solly (Address) (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 14, 1937 Dr. J. P. Franklin	(Signed) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address) ____ Quellectfacef AMC.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	The state of the s	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-D. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT REC FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED

-WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	BATE LIMITS. 108
County Allegany WITHIN CORPO	Registration Dist. No.
	No. Monard Hoff Sty 6-6 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurred 37 yrs	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clara Reger	If U. S. Veteran, specify WAR
(a) Residence: No. 10 11 (Usual place of abode)	St, 6-2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of Portest & Reger.	22. I HEREBY CERTIFY, That I attended daceased from 19.37, to 20.11, 19.37
6. DATE OF BIRTH (month, day, and year) and 71 1898	Hast saw her alive on Thomas 10 19 37: death is seid
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3.55 a. 2m.
38 8 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceusas of importanca warp as follows:
2 Trade profession or particular	Lobar (memoria 576/2
kind of work done, as SPINNER, Amsunfe	(R. de reno)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data dacaased last worked at 11. Total time (years)	
SAW MILL, BANK, etc	V
this occupation (month end spant in this	
yaar) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (Stata or country)	
14. BIRTHPLACE (city of town)	
4. BIRTHPLACE (city of town) State or country)	Neme of operation
(State of Country)	What tast confirmed diagnosis? Was there an autopsyles (
15. MAIDEN NAME Sandal Samply.	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Dresmont Good May 131937	Nature of injury
19. UNDERTAKER domis Stem Inc.	24. Was disease or injury in any way related to occupation of decaased?
20. FILED Nay 131937. Dr. J. P. Franke	(Signed) lay . Lund M. D.
Registrar.	(Address) Comments
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
1 3 1 V S.				
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	BI	PHYSICIAN

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		The state of the s		
Other contributory causes of importance:		Other contributory causes of importance		
Gallstones	May 1,1923	Gastroenteritis Br	1 year	
		1000		

ARGIN RESERVED

1. PLACE OF DEATH	WITHIN COL	PONNIE (22-a)		,
County Ulleganny	TOTALIN COL	7//	Registration Dist. No.	-4
Village or City Language Village or City Length of residence in city or town where death	erland (II	death occurred in a hoppital or institut		
61.1-1	L S - wis mos			
2. FULL NAME O ligareth	Janner .	If U. S. Veteran,	specify WAK	
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town	and State
PERSONAL AND STATISTICA		MEDICAL CI	ERTIFICATE OF DEATI	Н
	SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month) (Oey)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of January	mner.	22. 1 HEREBY	CERTIFY, That I atten	ded deceased from
6. DATE OF BIRTH (month, day, and year)	- 23 181.5	I last sew h. alive on.	5/3//37 19	death is seld
7. AGE Years Months	Days If LESS than	to have occurred on the dete stete	d above, etm.	
71 6	I day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and releted causes of importance	Oate of onset
8. Trade, profession, or particular	- /	2.1	Alle	Uate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	nsimpe	Cullilia	Costuction	4 5/28/3
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	0			
SAW MILL, BANK, etc	11. Total time (yeers) spent in this occupation	: '>		
12. BIRTHPLACE (city or town) Balt	imal J.	Other Contributory Causes of impo	rtance:	
(Stete or country)	10			
13. NAME	(ress)		~ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1
14. BIRTHPLACE (city or town) (State or country)		Name of operation	Date Was there	of 3 / 3 / 4 / an autopsy?
15. MAIOEN NAME	E	23. If death wes due to external cau	ises (VIOL ENCE) fill In also the follo	owlng:
16. BIRTHPLACE (city or town)	3	Accident, suicide, or homicide?	Date of injury	, 19
∑ (Stete or country)		Where did injury occur?	(Specify city or town, county and	State)
17. INFORMANT TYNNY ON (Address)	mer	Specify whether Injury occurred in	n INDUSTRY, in HOME, or in PUBLIC	C PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0 . 2	Manner of Injury		
Place MIL STUL CLIM	Oate / mnl 9 , 190	- Nature of Injury		
19. UNDERTAKER Arms Sters	I Inc.	24. Was disease or Injury in any w	rey related to occupetion of deceased	12 lls
(Address)	yeland	If so, specify	D K (C)	
20. FILED June 4, 19 3 7 Da.	J. P. Frankli Registrar.	(Signed) (Address)	12 Bealer	p St
		, 2411 N. Charles Street, Baltimore, R.		

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Example II Example I The principal cause of death and related causes Date of oncet The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

AGE should be stated EXACTLY. PHYSICIANS should state

D. Every item of infor-

Exact statement of OCCUPA-

LY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. B.—WRITE PLA V. S. No. 1

TION is very important. See instructions on back of certificate.

		F MAR	YLAND-	CERTIFICATE OF DEATH Dr Arthur. Jones
1. PLACE OF DEATH		MIHTIN	CORPORA	(70)
,		and Md		No. 201 Charles St. St. 4-/ Ward
langth of residence in city	s town where	looth popured	(1)	No. 201 Charles St. St., 4 (Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME				If U. S. Veteran, specify WAR
(a) Residence: No.		Cumb	erland.	Md St., Ward.
		(Usual place	of abode)	If nonresident give city or town and State
PERSONAL AND				MEDICAL CERTIFICATE OF DEATH
n condition	hite		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 29 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorce HUSBAND of (or) WIFE of	nce.Sa	ayre		22. I HEREBY CERTIFY. That I attended deceased from 29 19-37
6. DATE OF BIRTH (month, day, as	nd year)	oct.24:1	.898	I last saw h. e. r. alive on 26, 1937; death is said
7. AGE Years 38	Months 7	Days 6	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10.15 m. Am The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or partic	cular	Hou	se wife	Date of onset
Kind of work done, as SAWYER, BOOKKEEPEI 9. Industry or business In wwork was done, as SILI SAW MILL, BANK, etc.	R, etc	.100	IBC WITC	medulary Carcinoma (Crimary 1935
this occupation (month	at and	sper	me (years) it in this	
year) 12. BIRTHPLACE (city or town)		Wva	pation	Other Coutributory Causes of Importance:
(State or country)	ward (lase		Pulmonary Jubra culosis 1934
13. NAME 14. BIRTHPLACE (city or town) (State or country)		Wva		Name of operation Day Style Ja Pringe tow pate of 1935
4	Dont	Know		What test confirmed diagnosis? Cluucal Was there an autopsy? Lo
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)				23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Larr	ce. s			Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REM Place Shay . Cha	OVAL		31.1937	Manner of injury
19. UNDERTAKER	n.C.Wo			24. Was disease or injury in any way related to occupation of deceased? US
20. FILED June 1 , 19	37 Ds	J. P. Fra	nklin	(Signed) Lettur typula M. [

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1012 7 1937			
Other contributory causes of importance: V .	5.	Other contributory causes of importance:	1 2 7 3
Gallstones	May 1,1923	Gastroenteritis	1 year
1			
	<u> </u>		

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH Should Registration Dist. No. (If death occurred in a hospital or Institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth? PHYSICIAN (a) Residence: No. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED Purite the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) certificate. 7. AGE If LESS than to have occurred on the date stated above, et___ The PRINCIPAL CAUSE OF DEATH and related causes of importance .min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc... may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc O. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this that occupation instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or fown plain Name of operation_ (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: in DEATH Accident, suicide, or homicide?_____ Date of injury_____ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) plnods Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE TION Nature of injury 24. Was disease or injury in eny way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed)___ Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 111 3 1937	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

I RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA.	
IS IS A PERMANENT	e stated EXACTL	e properly classified.	f certificate.
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

	1. PLACE OF		F MAR	YLAND—	CERTIFICATE OF DEATH	0004
	County A	KLEGANY CUMBERLA		MEMORIA	Regionalini Diot. Ind.	−6 Ward
	Length of resider	ice in city or town where d	eath occurred		ds. How long in U.S. if of foreign birth?yrs	
	2. FULL NAM! (a) Residence	E TERRANCE No. VINDEX	0 1000		If U. S. Veteran, specify WAR St., Ward. If nonresident give city or town and	d State
	PERSONA	L AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	MALE 4	COLOR OR RACE WHITE	5. SINGLE, MAR OR, DIVORCE	RIED, WIDOWED, Cwrite the word)	21. DATE OF DEATH MAY I3 I937 (Month) (Day)	., 193(Year)
5a	. If married, widowed, HUSBAND of (or) WIFE of	or divorced	*		22. I HEREBY CERTIFY, That I ettended	deceased from
6.	DATE OF BIRTH (mo	onth, day, end year)	S ATIL	9-19221	I last saw ham alive on Quay IR, 1957	; death is said
_	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et5 +35.mA. M.	
	I4	9	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
N	8. Trade, profession kind of wor	n, or particular k done, es SPINNER, DDKKEEPER, etc			Saute Legenphatic	Man:15
OCCUPATION	SAWYER, BO	DDKKEEPER, etc	STUDEN	1	Lauffeelma	19
J.	work was do SAW MILL,	iness in which one, as SILK MILL, BANK, etc				
000	10. Date deceased this occupet year)	last worked at ion (month and	spei	me (years) nt in this pation	Dther Coutributory Causes of importance:	
12	State or country	r town)	VIRGINI	A	Due Country Cause of Importance.	
HER	13. NAME BENJ	AMIN A SHA	FFER			
FATHER	14. BIRTHPLACE (c (State or co	ity or town)WEST untry)	VIRGIN	IA	Name of operation Dete of What test confirmed diagnosis? Was there en	a.
1ER	15. MAIDEN NAME	ELSIE BAR	RICKS		23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
MOTHER	16. BIRTHPLACE (c (State or co		VIRGIN	IA	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17	. INFORMANT	MEMORIAL H	OSPITAL		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PI	te) .ACE.
18	B. BURIAL, CREMATION		Date Mo	my/5,37	Manner of Injury	
19). UNDERTAKER (Address)	3lan	asple	12.03 V. U.S	24. Was disease or injury In any way related to occupation of deceased?	240
20	. FILED Nay	141937. 8	~. J. P	Frank Registrar.	(Signed) Coulomberland,	way.
		If more	blanks are needed	ddrass State Penistra	240 N Charles Street Relaimone Properties #1 S No.	

15 more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1/2	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RURE				
Other contributory causes of importance:		Other contributory causes of importance:	(32)	
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 5065
1. PLACE OF DEATH	(n-a)
County Allegany	Registration Dist. No. 12
Village or City & Latrifial	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? S. yrs
2. FULL NAME Cranes Shaw	If U. S. Veteran, specify WAR
(a) Residence: No. Justimal And (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write tha word)	21. DATE OF DEATH 27 (Month) (Day) (Year)
5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Serge Shaw	22. DALL HEREBY CHRTIFY, That I attended decased from
6. DATE OF BIRTH (month, day, and year) Seht 26 1845	last saw h A alive on May 269 1937 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at b. Qm.
9/ 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Cirturo sclerous 1/1/34
9. Industry or business in which work was done, as SILK MILL,	
10. Data decayation month end this occupation month end yaar) 11. Total time (years) spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Service apostoly \$724/37
# 13. NAME John Somesvelle	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Education)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AMADA ASAbel Shaw (Address) a atam at mad	Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place allegany emetery oate May 29, 1937	Manner of injuryNature of injury
19. UNDERTAKER MUCCichhom	24. Was disease or injury in any way related to occupation of deceased?
(Address) Language Mo	If so, specify
20, FILED MAN 24, 193 9 3 1 185-	(Signed) M. M. D.
Registrar.	(Address) Midwid- Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

-WRITE

STATE OF MADVIAND_CEDTIFICATE OF DEATH

1	. PLACE		TH C			CLINITICATE OF DEATH
		or City	LLLEGANY CUMBER	RLAND '	WITHIN-GO	RPORATE LIMITS. ARREST Registration Dist. No. 4 No. MEMORIAL HOSPITAL \$\infty 6~6
		,			(II	death occurred in a hospital or institution, give its NAME, instead of street and number) ds. How long in U.S. if of foreign birth?
2			HIPLEY,	LESTER E ORLEA		If U. S. Veteran, specify WAR St Ward WARYLAND
gadjourness.	(a) Resi	dence: No		(Usual place		St., Ward MARYLAND Orleans If nonresident give city or town and State
	PERS	ONAL AN	ND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
-	MALE	WE	OR OR RACE		RRIED, WIDOWED, ED (write tha word) RIED	21. DATE OF DEATH MAY 1, (Day) (Ya
5a.	If married, with HUSBAND (or) WIFE of	of	Porced Bla	incher	Shuty	22. HEREBY CERTIFY, That I attended decease
6. D	DATE OF BIR	TH (month, da	av. and year)	CTOBER	8.1898	I last saw bern alive on 2 1 1, 1, 19 37 death
7. A		Years	Months	Days	If LESS than	to have occurred on the data stated above, a 2:00. Am.
	38		6	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trada, p	rofession, or p	particular , as SPINNER,			pobar macinona Date
	SAW	YER, BOOKKE	EPER, etc	FARMER		(White paper poly man 1/2
UPA	work	or business i was done, as MILL, BANK,	SILK MILL,			
OCCUPAT	10. Date dec	ceased last wo	orked at	Sp3	tima (years) ent in this upation	
12.	BIRTHPLACE (State or) PENNS		•	Other Contributory Causes of importance:
ER	13. NAME	M.	C. Shir	olev		·
FATH		ACE (city or t		RYLAND		Name of operation
ER	15. MAIDEN		LIZA SMI	רחדו		What test confirmed diagnosis? Was there an autopsy?
II.					T A	23. If death was dua to axternal causes (VIOL ENCE) fill in also the following:
MOT		ACE (city or t e or country)	own)PEMI	NOTHVAN	AA	Accident, suicide, or homicide?
17.	INFDRMANT		SHIPLE	Y		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREI	MATION, DR	removal iew Pa	Date May	3.1937	Manner of injury
19.	UNDERTAKER (Address)		h.Smith emas.Pa			24. Was disease or injury In any way related to occupation of deceased?
20.	FILEMO		1937. AL	. P. P.	Frank Registrar.	(Signed) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were	of death and related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	CEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	um 7 1937	July 5, 1927	Peritonitis .	3 days ago	
	RUREAU V. S.				
Other contributory c	auses of importance:	reli	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ARGIN RESERVED FOR BINDING

PHYSICIANS should state O. Every item of infor-OCCUPA-Exact statement UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. B.—WRITE PLA

1. PLACE OF DEATH	
10 Why allevans	Registration Dist. No. 4
Ville Scity Cushbelland md	No. Ellerskie G. A. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a nospital or institution, give its INAINE instead of street and number) ds. How long in U.S. if of foralgn birth?
7	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	may 22 1900/
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CER FY. That I attanded deceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Octo 6 1928	t last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on tha date stated abova, at 5
8 7 16 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	-Fractured Skeel Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Internal Injuries
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	Killed, recidentally o by outomobile. Cuto
O 10. Data deceased last worked at this occupation (month and spant in this	
yaar)occupation	Other Centributary Canece of Importance:
12. BFRTHPLACE (city or town). Ellers (SI)	
(State or country) md	
# 13. NAME George W Shrojer	
13. NAME Searge W Shrager 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Goldie Lowers	23. If death wes due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury Resease 2, 19 3.7
Stata or country)	Where did injury occur we Ellevis, allegan County mon flands
Grander Ste Lauren	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	in Jublic, Flace.
18. BURIAL, CREMATION OR REMOVAL	Menner of Injury auto assident
Place Janters Va Dete May 23,037	Nature of injury
La stroit O	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER CLUB SCHOOL MICH (Address) Cumberland mich	If so, specify
00 04 10-	(Signed) Her & Varily and Coron OMD.
20. FILED May 24 , 1939 Ch. Jos P Franklen	(Address) Clark Mac
Registrar.	(Audiess)

V. S. No. 1

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Example I		Example II		
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Chronic interstitial rephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	PATE LIMIT PAUP
County ally gang WITHIN CORPOR	Registration Dist. No. 4
Village or City and and	No. Memasual Hashital St., Lob Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds,
2. FULL NAME Class Smith	If U. S. Veteran, specify WAR
(a) Residence: No R. F. D. Buffalo Milly (Gual place of abode)	Ast, Ward. If nonresident give city or town, and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH 30 (Month) (Dey) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
C DATE OF BIRTH (1994)	I last saw h. Lun alive on Way 30 , 19 37; deeth is seld
6. DATE OF BIRTH (month, day, end year) January 22, 1917 7. AGE Yeers Months Days, If LESS than	to have occurred on the date stated above, et. 7.3.4.m.
18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of one of
SAWYER, BOOKKEEPER, etc. 9-Industry or business in which work wes done, es SILK MILL.	Hemore Ragic Meningetes May 3/
CAW MILL DANK ata	History vague on to accident Questo
10. Dete deceased lest worked at 11. Totel time (years)	Patient tursted back about one week before
this occupation (month end spent in this occupation occupation	death, while working in bricky and a curphil
12. BIRTHPLACE (city or town) Bullalo mill	Other Contributory Causes of importance:
(State or country) / Oa	resible cust of frain
13. NAME albert Smith	(Judany Rangoro Rage.)
14. BIRTHPLACE (city or town)	Name of operation One Dete of
(State or country) (Sa.	What test confirmed diagnosis? Sural wurdawwas there en autopsy?
15. MAIDEN NAME Comma Hansel	23. If death wes due to externel ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME (city or town) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? accident Date of injury
E (Stete or country) Pa	Where did injury occur?
17. INFORMANT Thankly	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) RPS #1 Buffule Mello Ga. 18. BURIAL, CREMATION, OR REMOVAL	Name of the second
Plece Bylin Ocy Date May 30, 1934	Neture of Injury
G 1+1 0	24. Wes disease or injury in any wey related to occupetion of decessed?
19. UNDERTAKER	If so, specify
Ou se de OP Fra bli	(Signed) WY Torquis M. D.
20. FILED JUNE d, , 19.3 J. M. J. Translus. Registrar.	(Address) amberand Wa.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

8400

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage GUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4.8 4	S
stat Stat	1. PLACE OF DEAT
of all d	County 4
should of OCC	Village or City_Co
NS Int	Length of residence in cit
Eve	2. FULL NAME
D. YSIG	(a) Residence: No
PH act	PERSONAL ANI
IS A PERMANENT REC stated EXACTLY. I properly classified. Exa ertificate.	3. SEX 4. COLOR
T L ed.	5a. If marriad, widowad, or divor
A C A Sassifians	WIFE of Llac
cla X	
PE Iy E ate.	6. DATE OF BIRTH (month, day,
IS A stated proper ertific	7. AGE Years
IS sta pro	2 Trada profession or pa
HIS pe pe of	8. Trada, profession, or pa kind of work done, a SAWYER, BOOKKEE
ould may back	9. Industry or business in work was dona, as S
VK—shoul it ma n bac	SAW MILL, BANK, et
1 m + 0	this occupation (mon
NFADING pplied. AGE srms, so tha instructions	12. BIRTHPLACE (city or town)
AD ed.	(Stata or country)
JNFA pplied terms, instru	13. NAME Stille
H U sup	14. BIRTHPLACE (city or tox
TH Ily slai	(Stata or country)
WI eful in p	15. MAIDEN NAME
Car FH orts	16. BIRTHPLACE (city or tov (State or country)
d be ca DEATH y import	(State of County)
	17. INFORMANT Pa
PL shoul OF	18. BURIAL, CREMATION, OR RI
WRITE ation s AUSE ION is	Place / Och
WRIT ation AUSE ION i	10 UNDERTAKED S
TEOF	19. UNDERTAKER
N. B.—WRITE mation she CAUSE CAUSE TION is	20. FILED Man 24, 1
Z	8

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5069
1. PLACE OF DEATH	(104E) (N)
County alleganig THIN CORPO	RATE LIMITS Registration Dist. No. 4
Village or City Cushkeslased (II	No. Cleany Despited St., 4-1 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME Gva Snyder	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. Ackers of Ca. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH 2/, 193.7. (Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced MUSBAND of Lloyd Meetin Surgeler	22. I HEREBY CERTIFY. That I attended deceased from Nov 13 1937 to Way 2/1937
6. DATE OF BIRTH (month, day, and year) Oct. 30. 1897	I last saw h Al aliva on Way 211, 1937; death Is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above of 4: 25 B.m.
39 6 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, atc	Eminoconce Meningelis 5/17/3
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
D Date decaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Glack Foronships (State or country) Someract Co. Ta.	Other Contributory Causes of Importance:
13. NAME Filliam H. Neimer	,
14. BIRTHPLACE (city or town Black Tourschip (State or country) Somerces Co.	Name of operations Rolly and author and Date of 3/16/3/ What test confirmed diagnosis? Aproved Flure Was there an autopsy? No
15. MAIDEN NAME Ida Oxores	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Proteins Valley Journals (State or country)	Accident, suicide, or homicide?
17. INFORMANT Lloyd Martin Snigler (Address) Rackward, Pa	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL PA Date May 24,1937	Manner of injury
19. UNDERTAKER 2. Dutler (Address) Cumbuland md	24. Was disease or injury In any way related to occupation of deceasad?
20. FILED May 24, 1927 Dr. J. J. Sia Rogistra.	(Signed) L. Muyer J. M. D. (Address) Cumplisland Mid

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of do of importance were as fo	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	E 10 1	en.			
Other contributory cause	s of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gustroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH should Registration Dist. No. County__ Jo (If death occurred in a hospital or institution, give it NAME instead of street and number) PHYSICIANS How long In U.S. if of foraign birth? Length of residence in city or town where death occurred. statement L If U. S. Veteran, specify WAR. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) PERMANENT classified. 5a. If marriad, widowad, or divorced 22. I HEREBY CERTIFY. That I attended decassed from (or) WIFE of properly certificate. 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months **Oavs** 1 day, hrs. CAUSE OF DEATH and ralated causes of importance or min. Date of enset 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ THIS 30 may back 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc Of Date dacaased last worked at 11. Total time (years) spent in this this occupation (month and so that occupation ___ instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town supplied. (State or country) in plain terms, FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? carefully Was thera an autopsy?. MOTHER important. 15. MATOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______19. CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?___ should be (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE very 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury 92 mation Nature of injury_____ LION 24. Was disaase or Injury In any way related to occupation of decaasad? 19. UNDERTAKER If so, specify _ (Signad). 20, FILED May 24, 1963 (Addrass) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Ex	aniple I	fi	Example II	
The principal cause of deat of importance were as followarteriosclerosis	h and related causes ws: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NN 1 1991	July 5, 1927	Perilonitis	3 days ago
181	REAU V.S.	š. J		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5071
1. PLACE OF DEATH	(§)
County SXO Q RAMM 10-	Registration Dist. No.
Village or City + ROAD MAND HA	No XMIMONACHARINE LA SIL
Thinage of City	f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if or foreign brittleyrsmosds.
2. FULL NAME / MODE CIKKL	agel-Vrvn
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH
11-	(Month) 24 - , 193 9 - (Year)
5a. If married, widowed, or divorced HUSBAND of	22. LHEREBY CERTIFY, That I attended deceased from
(or) WIFE of	19, to
6. DATE OF BIRTH (month, day, and year) May 24-19637	I last sawn death is said
7. AGE Years Months Days If LESS, than	to have occurred on the date stated above, atm.
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) The sale of	
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) FYD WWYG 1	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME & a detype Whater,	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT AND A STATE - (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceDate	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of degeased?
(Address)	If so, specify
20. FILED 5-25, 19 37 ms, a R Nalker Registrar.	(Signed) J. M. D. M. D. (Address) J. M. D. O. T. M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	45	Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis JUN 3 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

100	d ,	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

See instructions on back of certificate.

TION is very important.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

-	10	My	0
0	U	8	4

1. PLA	CE OF DEATH			(17-a) = (N)	,
Cou	nty ALLEGANY	MITH	IN CORPO	RATE LIMITS. Registration Dist. No. 4	ļ-
Villa	ge or City CUMBERLA	.ND, MD.	MEMORIA	L HOSPITAL	6-6 Ward
				death occurred in a hospital or institution, give its NAME instead of street and	
			yrsmos	ds. How long in U.S. if of foreign birth?yrsyrs.	mosds.
2. FUL	L NAME EARL E.	TAYLOR	TPVCT	If U. S. Veteran, specify WAR	
(a)	Residence: No. 300 D	• MAIN ST		8t, Ward. If nonresident give city or town at	18.
PF	RSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	nd State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR		21. DATE OF DEATH	
MALE			(write the word)	MAY T5 T937	, 193
	ed, widowed, or divorced			(Month) (Day)	(Year)
HUSBA (or) W	ND of DT ATOTTE OA	NDERS TA	YLOR	22. / I HEREBY CERTIFY, That I ettende	d deceased from
				MA 10 (, 1937, 10 herry 1	1937
6. DATE OF	BIRTH (month, day, end year)	NOV. 13 - /	1881	I last saw harmalive on May 1. T. 8 - 36 - A - 1119	; death is said
7. AGE	Years Months	Days	If LESS than I dey,hrs.	to have occurred on the date stated above, etm.	
55	6	21	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
8. Trac	de, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		777		
	SAWYER, BOOKKEEPER, etc ustry or business in which	-NWEWB-TOX	HD	Callendes	
	work was done, as SILK MILL, SAW MILL, BANK, etc				
0 10. Det	e deceesed last worked at this occupetion (month and	11. Total tin	ne (yaars) t in this		
	year)	occut	petion	Other Carella and Company in the Carella and Carella a	
12. BIRTHP	LACE (city or town) WEST V	IRGINIA		Other Contributory Caneer of importance:	
	te or country)	223100		(10 ()	
13. NAN	ME NATHANTEL TA	YLOR		alle	
14. BIR	THPLACE (city or town) MEST	VIRGINI	A	Nama of operation Date of	
	(State or country)			What test confirmed diagnosis? Que al Wes there as	n autopsy?
15. MAI	DEN NAME MABEL TAY	LOR		23, If death was due to external causes (VIOLENCE) fill in also the following	ing:
16. BIR	THPLACE (city or town)WES	T VIRGIN	IA	Accident, suicide, or homicide? Date of injury	, 19
≥	(State or country)			Where did injury occur?(Specify city or town, county and St	
17. INFORMA	ANT NELLIE TAY	LOR		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	
	dress) KEYSER W	V.VA.			
	CREMATION, OR REMODE	tem!	W. 37	Manner of injury	
Place	MAU	Dete	19.0	Neture of injury	
19. UNDERT		ery/	1	24. Was disease or injury in eny way related to occupation of deceased?	
(Add	dress)	Deysey	W. 1/a.	If so, specify	
20. FILED	May 1 1951. Dr	X-12.4	rankel	(Signed)	
	A	U	Registrar.	(Address)	
	If more	c vianus are needed, ad	iaress State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 1331	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		-CERTIFICATE OF DEATH	
County allegan	WIXMIN CORPORAT	Registration Dist. No.	
Village or City		If death occurred in a hospital or institution, give its NAME instead of street and n	number)
Length of residence in city or town whe		sds. How long In U.S. If of foreign birth?yrsmo	
2. FULL NAME	organt Tu	Sucao If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I ettended	deceased fro
6. DATE OF BIRTH (month, day, and year)	5-1-37	1 lest saw h affice on 1937	: deeth is sa
7. AGE Years Months	Days If LESS than 1 day,hrs	to have occurred on the dete stated above, at 2m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onse
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Stelf Brom Babe.	
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:	-
12. BIRTHPLACE (city or town) (State or country)	any land	п	
13. NAME Comis Kree	ger		-
14. BIRTHPLACE (city or town). CAL	y. Va	Neme of operation Dete of What test confirmed diagnosis? Was there an a	
15. MAIOEN NAME Relies 16. BIRTHPLACE (city or town) (State or country)	Thomas.	23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State	, 19
17. INFORMANT Address) 18. BURIAL, CREMATION, OR REMOVAL	acounty.	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PUBLIC PL	ACE,
Place Ost 1 Help.	Date 5/1/, 1937	Neture of injury	
19. UNDERTAKED Yours Green (Address) Konses	wing	24. Was disease or injury in eny wey related to occupation of deceased?	
20. FILED Mary 1 14 , 1937	Or. I. De Registrar.	(Signed)(Address)	M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state: 1-

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 5 1931	July 5,1927	Peritonitis	3 days ago	
BUREAU V. B				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

enation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. D. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT REC N. B.-WRITE PLA

STATE OF MARYLAND	CERTIFICATE OF DEATH 5074
1. PLACE OF DEATH	93-0
County allegany	Registration Dist. No.
Village or City Trulfunk Ma	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME annie Thomas	If U. S. Veteran, specify WAR
(a) Residence: No. 29 Sulater (Usual place of abode)	- St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Grice the word)	21. DATE OF DEATH 5- 2/ 193)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Win Thomas	22. I HEREBY CERTIFY, Thet I ettended deceased from
	(J1933) to (TC-77/1937
6. DATE OF BIRTH (month, day, and year) Nov 30, 1854	I lest saw he elive on death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, atm.
0 2 5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Chames My
S. Hale, Profession, or particular land work done, es SPINNER, SAWYER, BOOKKEEPER, etc	dilez
O 10. Date deceased last worked et this occupetion (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Continuous Causes of Importance.
(State or country)	Chair delines
13. NAME Joseph Warned 14. BIRTHPLACE (OKY or town) Glodensky	
14. BIRTHPLACE (oxy or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Significant James	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 I6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT WYN L. Wanner (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jose May 5 4,19 37	Nature of injury.
19. UNDERTAKER	24. Was disease or injury in env wey releted to occupation of deceased?
(Address)	If so, specify
20. FILED 3 - 24, 1937 mo. a. K. Staffen	(Signed) M. D.
If more blanks are needed, address State Registrar	MALI N. Charles Street Baltimore Requesting 91 S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis CEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1937	July 5,1927	Perilonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	2	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			ON THE REST	

N.		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5075
1. PLACE OF DEATH	(131)
County alleasury	Registration Dist. No.
Village or City Prosthusa Md.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Strak Jugner	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH May 27 , 193 7 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, dey, and year) Okril 28, 1867	1937 to may 26 - 77, 19 I last saw b. 21 alive on 2 2 2 19 3 7; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
70 0 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	Cardio varila rend disease Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	James was way blinky
10. Oate deceased last worked at this occupation (month and year) occupation	
-1851	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Fredrick During	
I William June	
14. BIRTHPLACE (city or town)	Name of operation Date of
ml latell fi	- What test confirmed diagnosis?
15. MAIDEN NAME / Calley Degling	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Webster Ball	Where did injury occur?
(Address) Jackburg Md.	
18. BURIAL, CREMATION, OR SEMOVAL Places Try Transport Tal Date May 30, 19 3.7	Manner of injury
19. UNDERTAKER	24. Was diseese or injury In any way related to occupetion of deceased?
(Address) Table M.	If so, specify
20. FILEO 5 - 28, 1939 Mus. R. R. Moseker	(Signed) W- Alford V by Oleman, M. D.
Registrar.	(Address) fraidmag + was'

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

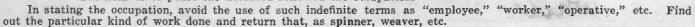
To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.



In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 111N 3 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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REC. D. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
IIS IS A PERMANENT	be stated EXACTL	be properly classified.	of certificate.
N. B. WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5076
1. PLACE OF DEATH WITHIN COR	PORATE LIMITE (1392)
County allegany	Registration Dist. No.
Village or City Cububeflood	No. alleaning Hospitalst. 4-1 Ward
9 (If	death occurred in a hospitalor institution give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long ta/U.S. If of kdreign birth?yrsmosds.
2. FULL NAME Mary Edua Jung	GIf U. S. Veteran, specify WAR
(a) Residence: No. 236 aleun 510	, (St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female 4. color or race 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20, 193.7
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I. HEREBY CERTIFY. Thet I attended deceesed from
X	19.7.10.090
6. DATE OF BIRTH (month, day, end yeer) Dec 6, 1914	I last saw h 20 elive on Who 4
7. AGE Years Months Days If LESS then 1 dayhrs.	to have occurred on the date steted ebove, 15
22 4 28 ormin.	were es follows:
8. Trede, profession, or particulal kind of work done, es SPINNER, Jouse works	Pelvic Cellules 2 mb.
	Pyoselfine 2 Mis.
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	notistory of pregnancy was obtained curled.
10. Date deceased lest worked et 11. Total time (years)	no culture was made of infectious material of police on
this occupation (month end) 1937 spent in this occupation	pyosolpias. Duration: about those months
0 11 10	Other Contributory Causes of Importence
12. BIRTHPLACE (city or town) (State or country)	outstud thereon & per
14. BIRTHPLACE (city or town)	SIA TYL TO
4 14. BIRTHPLACE (city or town)	Neme of operation A
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stele or country)	3. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did Injury occur?
17. INFORMANT John Henry Turing	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 235 glenn S. M	
18. BURIAL, CREMATION, DE REMOVAY	Manner of injury
Pleco Ville Crest Oate May 23, 193	Neture of injury
0.3100	24. Wes diseese or injury in any way related to occupetion of deceased?
19, UNOERTAKER (Address)	If so, specify
O Q S O	(Signed) James J. Johnson S. M. D.
20. FILEO May 25 , 1923 Registrar.	(Address) Cumberland Mos
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BILDELI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Clegary Village or City	Registration Dist. No.
Length of residence in city or town where depth occurredyrs	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number) 199 - O ds. How long in U.S. If of foreign birth? yrs. mos. d
2. FULL NAME John J. Well	If U. S. Veteran, specify WAR
(a) Residence: No. W. M. M. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
m or Deforced (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) may 10 -1906	Vast raw h vive on 193 7; deeth is so
7. AGE Years Months Days If LESS than 1 day,h	to heve occurred on the dale stated above, et
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of one
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	(atrophic arthrilis)
1D. Date deceased lest worked at this occupetion (month and spent in this	He Serden's disease, starting with the Righting of
2-11	Dither Contributory Causes of importance: the bumber rentabraes continue
(State or country)	- in sal ascending mooners Quite Ro
13. NAME Joseph Walch	
14. BIRTHPLACE (city or town)	Neme of operation
	What test confirmed diegnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) A mod	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Call Welship	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DRIEMOVAL Place Transfer M. Date May 7 , 19-3	Menner of injury
19. UNDERTAKER J. J. Dury	24. Wes disease or injury In any wey related to occupation of deceased?
20 FILED 5-6 19 3.7 Mw. Q.R. Nalter	(Signed)
Registrar.	(Address) Systems 9 / V

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE WILL. S.			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5078	3
1. PLACE OF DEATH	IN CORPORATE 48 Registration Dist. No.	
County allegany WITH	Registration Dist. No.	
Village or City Calconster Canol.	No. Mimoral Horbital # 6-6 W	Vard
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	de
(al al.		us.
2. FULL NAME To sephine M. Miss	If U. S. Veteran, specify WAR	
(a) Residence: No. 3/6 ay was (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	and the same of th
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Many 1	
Fruelo Whato married	(Mon)h) (Oay) (Year	·)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased	from
(or) WIFE of Merton A. Wie	June 14, 1936 to May 7 193	57
6. DATE OF BIRTH (month, day, and year) July 22 1894	Hast saw h. E.R. alive on Many 7 1937; death is	said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10:30 m.	
42 9 15 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	neet.
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.		
S. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc.	Cancinsons of Cervey May	193
work was done, as SILK MILL,		
10. Oata deceased last workad at this occupation (month and spent in this		
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Concessor toris	193
(State or country)	9	
13. NAME Fred Sects		1
14. BIRTHPLACE (city or town)	Name of operation a dama Inentone Toate of 6/2017.	56
(State of country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Cecure Guele	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury, 19	
E + H M'	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mesters Land	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Tore Itell Cell Oate May 10, 1937	Natura of injury	
19. UNDERTAKER Coccia Stoin Luc	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Lucion land Med	If so, specify	
20, FILEO May 10, 19.37. Ar. J. P. Frank	(Signed) D. 69. Army	M. D.
Registrar.	(Address) sude al Bulling.	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 7 1997-			
Other contributory causes of importance: V.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

S. No.

CAUSE mation

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11.—The number of years the deceased followed the occupation.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis . IIIN 7 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

See instructions on back of certificate.

TION is very important.

D. Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH	<u> </u>
County Allegany	Registration Dist. No. 9
Village or City Frostburg Length of residence in city or town where death occurred vrs.	No. Miners Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds
2 FULL BLANG Cated Language Winner (a) Residence: No. (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	21. DATE OF DEATH May 11 1937
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Yaar) 22. I HEREBY CERTIFY, That I ettanded decassad from
6. DATE OF BIRTH (month, day, and year) Ney 11, 1937	
7. AGE Years Months Days If LESS that I day,	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	— United trained
SAWYER, BOOKKEPER, etc	Atydated Mr. o
10. Date decaasad last worked at this occupation (month and year)	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Frostburg (State or country) Md.	Other Committee Causes of Importants.
13. NAME Frank Winner	
13. NAME Frank Winner 14. BIRTHPLACE (city or town) GarretttCo., cMd. (State or country)	Nama of operation Deta of What tast confirmed diagnosis? Wes there an eu'opsy?
15. MAIDEN NAME Elizabeth Bace	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Eckhart, Md.	Accident, suicida, or homicide?
17, INFORMANT(Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece	Manner of injury
19. UNDERTAKER(Addrass)	24. Was disease or injury in eny way ralated to occupation of deceasad?
20. FILED, 19	(Signed) M. (Address) D. (Address)

V. S. No. 1 i Z

B.—WRITE PL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		* Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were a follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BOW IN TO	
Other contributory causes of importance:		Other contributors causes of importance.	
Gallstones	May 1,1923		1 year
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ARGIN RESERVED	UNFADING
•	ITH

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH CORPORATE LIMITS. County Allegany Registration Dist. No. Village or City Cumberland. No. 301 Grand ave St. 5 24 (If death occurred in a hospital or institution, give its NAME instead of street and number) St. 6 = Ward Length of residence in city or town where death occurred. ___yrs,_____mos.____ds. How long in U.S. if of foreign birth?_____yrs,____mos.___ John . Homer . Wolford, Jr. 2. FULL NAME If U. S. Veteran, specify WAR Cumberland. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White ingle (Oay) (Year) 5a. If married, widowed, or divorced HUSBANO of I F Y. That I attended deceased from (or) WIFE of Feb. 5. 1909 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months **Oavs** If LESS than 28 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, Funeral 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation 12. BIRTHPLACE (city or town) (State or country) John . C. Wolford FATHER 13. NAME Neme of operation 14. BIRTHPLACE (city or town). (State or country) ----- Was there an autopsy? 220 What test confirmed diagnosis?... MOTHER Ridgely Nettie 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Wva Accident, suicide, or homicide?______ Date of Injury______, 19... 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 11. Mausoleum . May . 5. 19 Nature of injury Butler G.Stanly B Cumberland. 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(M	item of infor-	should state	of OCCUPA-	-
Ding	-WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECOMD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ED FUR DIN	HIS IS A PERN	be stated EX	be properly cla	of certificate.
ARGIN RESERVED FOR BINDING	FADING INK-T	ied. AGE should	ns, so that it may	TION is very important. See instructions on back of certificate.
TAL	ALY, WITH UN	be carefully suppl	ATH in plain teri	mportant. See in
	-WRITE PLAI	mation should	CAUSE OF DE	TION is very i

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5081
1. PLACE OF DEATH	9u2
County allgany	Registration Dist. No. 12
Village or City Dactifical	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Gall	If U. S. Veteran, specify WAR
(a) Residence: No. national (Usual place of abods)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (at) WIFE of Clara Edwards	22. I HEREBY CERTIFY. That I attended deceased from 1935, to man 1937
6. DATE OF BIRTH (month, day, and year) april 2021871	I last saw hall alive on may 2050, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated about, atm.
6 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Retired Coal him SAWYER, BOOKKEEPER, etc	u arterio relevoses 07//35-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1922 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of importance: Communy Thumbonis 5/21/37
13. NAME Benjamin Hates	
13. NAME Benjamin Jates 14. BIRTHPLACE (city or town) (State or country) Males	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Quiknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?
17. INFORMANT XIVAL A CALLERY AND CARDEN AND	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Liegary Country Date May 23, 19037	Manner of injury
19. UNDERTAKER My Cichhorn (Address) Longering And	24. Was disease or injury In any way related to occupation of deceased?
20. FILED May 22, 1937 R VStalse Registrar.	(Signed) M. D. (Address) Midland - Md. M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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d causes	Date of onset	The principal cause of death and related causes	Date of onset
	11	of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
1937	1921	Run over by street car	1 week ago
V. S.	July 5, 1927	Peritonitis	3 days ago
e:	May 1,1923	Other contributory causes of importance: Gastrocnteritis	1 year
	v. S. e:	July 5, 1927	1937 1921 Run over by street car July 5, 1927 Peritonitis V. S. Other contributory causes of importance:

	REC. D. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-		
MARGIN RESERVED FOR BINDING	-WRITE PLANIX, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
	-WRITE PLANL	mation should be c	CAUSE OF DEAT	TION is very impo	The second secon

V. S. No. 1 N.B.

1. PLACE OF DEATH County ALLEGANY WITHIN CORPORAT Village or City CUMBERLAND, MD. MEMORIAI	Nogration Dist, 110.
(a) Residence: No. ROMNEY, WEST VIRGINIA (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE FEMALE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED MARRIED	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of J. ZIMMERMAN 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days if LESS than 1 day,hrs.	22. HEREBY CERTIFY, That I attended decased from 1937, to 1937 1937
8. Trade, profession, or particular H. WIFE shind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 19. Data deceased last workad at this occupetion (month end year)	were as follows: Date of onset Ognanies Cylesis
12. BIRTHPLACE (city or town) WEST-VIRGINIA (State or country) 13. NAME T. J. VANCE	Other Coutributory Causes of importance:
14. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)	Name of operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME MARY E. TNSKEEP 16. BIRTHPLACE (city or town) WEST VIRGINIA (State or country) 17. INFORMANT J. ZIMMERMAN (Address) ROMNEY WEST VIRGINIA	23. If death was dua to extarnal causas (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, DR REMOVAL Place January Muy Data May 20, 1937 19. UNDERTAKER Dry My Ruckuspus	Manner of injury
20. FILED May 19 1937. Dr. X.P. Franklin	(Signed M.D. M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
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Other contributory causes of importance;	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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